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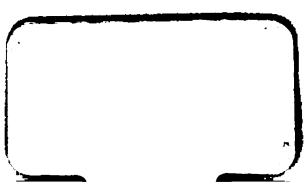

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Homoeopathics.

SHALL HOMŒOPATHY BE VERSALED?

BY WILLIAM M. CATE, M. D., COTTAGE HILL, FLA.

In the recent war in Asia the medical and surgical department of the Japanese army produced results, which, comparatively speaking, are so marvellous as to be almost unbelievable.

Comparatively speaking, because we naturally base our opinion of medical and surgical work during any especial campaign upon its relative statistical estimates as compared with some previous war experience under similar conditions of camp life, privation and exposure.

The Spanish-American War presented appalling and most disastrous conditions, nine-tenths of the volunteer regiments developing about 20,000 cases of typhoid fever in their first few weeks of camp life, and showing approximately an eight per cent. death rate in this disease and before entering upon active campaign life.

In the Santiago campaign, after a brief struggle of a few weeks, success crowned our arms, and Santiago surrendered. Then the real battle between life and death ensued. Before the onslaught of disease our noble army began to fall like waving grain before the reaper's scythe. The efforts of the medical and surgical corps were pitifully futile, and the complete decimation of this army was manifestly the certain outcome of this fight. But one avenue remained open to this erstwhile victorious army now doomed to annihilation, the avenue of precipitous retreat. The American forces incontinently fled, being hastily transferred to distant northern ports, where the climate's aid and natural sanitary conditions were invoked in repairing as far as possible the damage done to a brave host invincible before the enemy it went forth to conquer; but as results proved, helplessness itself in striving to cope with man's natural enemy, disease.

In this connection it is interesting to scrutinize the work of the medical and surgical department of the Japanese army in the Russian-Japanese war.

In long and extremely arduous campaigns full of exposure and hardship, as the investment of Port Arthur, which lasted about eight months, where, in the ditches, trenches, mines and countermines, the abiding place of thousands of men, whose exposure to the torrid heat of the summer sun, the storms and floods, the dank spots and pools wherein lay the reek in various stages of putrefaction, tens of thousands of Japanese soldiers who died in charges and onslaughts before the forts of Port Arthur; or in the campaign near Mukden, where for eleven days of continuous fighting of the severest description; in the swampy lands adjacent to the Shaho River, where along its banks, recently swollen by heavy rains, 600,000 men met in desperate and terrific battle—one of the greatest in modern history—where through the trying winter months this army lived along the banks of the river in underground trenches, rifle pits and bomb-proof retreats, braving the cold, the winds, the freeze, the snow and the floods; under such extreme and unfavorable conditions amazing indeed is the Japanses army sick rate in these campaigns, which, according to Sir Frederick Treves, was less than five per cent.

In the general reports of the current medical and scientific news, Japanese surgery has been a wonderful revelation to the Occidental surgeon; the general antiseptic and complicated methods in vogue having been ignored in the Japanese field and hospital; simple methods of aseptic practice making the healing of wounds by first intention the rule, and resort to operations of either the major or minor classes the exception; while in former wars a ready recourse to amputations, resections and abdominal surgery was the general practice with a showing in such methods equally as unsatisfactory when contrasted with the brilliant and rapid recoveries of the Japanese wounded as was the Santiago sick record when compared to the Japanese sick rate already quoted here.

It is not intended to give here an exhaustive and decisive comparative showing of the results of army medical work in the different wars of modern times. A short time must elapse before such an invaluable contribution as a comparative statistical table of results in the medical departments of the Japanese and other armies of recent wars can be spread before us.

But a most interesting problem here presents itself, one of the highest significance, indeed of such vital importance that once its key is found we shall unlock the door that has barred the way to needed medical advancement in times now past and gone.

How shall we account for this surpassing excellence of Japanese methods? In them no new or original discoveries are in evidence, nor have they enjoyed the advantages of new and improved inventions or valuable truths not already found on the tree of knowledge in the vineyard of the Occident. Shall race superiority offer us an explanation? Whence the Japanese came as a race none can say. The Ainu, the aboriginals of Japan, whose

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ancestors were the aboriginals of Siberia. were pushed from view after successive invasions of the Chinese, Malays, Koreans and other Asiatics; the Mongolian type of facial characteristics, the dark shadow of the Malay, and the mulberry colored spots on the lower spine of the Japanese. the sign of negro descent, each and all contributing to establish the fact that the Japanese is an impure and conglomerate racial type, an investigation of whose physical and mental pretensions will negative any claim of race superiority.

Wherein lies the solution of this problem? Here is an accumulation of facts, the result of laborious and painstaking research of the trained analytical minds of the scientific men of ages; in such fields as physiology, anatomy, biology, chemistry, physics and collateral sciences. Here are new truths unearthed in other fields and other quests of value to the healing art, as the practical arts. mining, photography, synthesis of the approximate elements as of the coal oil products, and waste organic products in the commercial arts, deep sea explorations, agricultural chemistry, electrical engineering and the like, not to overlook the happy discoveries of those who stumble upon treasure trove. discoveries which equally astound and gratify us with their importance and benefits, medically speaking. Here the white man's wealth of material presents itself for consideration, and forward come this Oriental race, a few generations ago known and recognized as the primitive Japanese, who seize and appropriate without prejudice the white man's hoard to their own profit and emolument; while at the hands of the white man these precious hoards are treated with contumely or rejected with indifference, with the result that his methods when tried in the scales at Santiago are to a woeful and calamitous degree found wanting.

What archaic and discreditable system has brought about this condition of things? What effective impediment has successfully opposed that progress in our world of medicine which the Japanese have so easily and effectively achieved? Shall we be enlightened by a concise and comprehensive retrospect of medicine?

Let us hark back and see.

In ancient times an organized body of persons asserted complete authority and control over the world of medicine.

Properly speaking, this body constituted a sect in medicine, for time was when the priesthood of Egypt ruled autocratically in both religion and medicine. Then (sectus, to cut off) there occurred a schism in this priesthood, separating those priests who treated the sick and practiced the still unequaled art of embalming from those who practiced religious rites. These priests now claimed for themselves, the master minds of the separate sect of the healing art, arbitrary control over all affairs pertaining to this art and its votaries.

Decades of centuries have passed since these days, and through them to the present time the devisees of these ancient priests of Egypt have domineered and ruled, inheriting a spirit of tolerance and resentment for those disposed to question their absolute authority.

Preferring the entitle "school" dominant medicine has styled itself the school of Æsculapius, the school of Hippocrates, school of Galen, or the Galenic school, and so on. These might have been "schools" in so far as they taught all the knowledge pertaining to medicine then obtainable. But dominant medicine, chiefly because it insisted upon the acceptance of its dogmas, are apriori theories, and attendant practices to the exclusion of such other facts, discoveries and theories as promise to conflict or controvert its own dogmas, was a sect though under such other name as "school" it might smell more sweet, an appellation long since acquired through centuries of use and one which in justice it has not deserved.

The Egyptian priests were an exclusive cast, who zealously guarded their secret methods of cure. Their practices consisted of incantations, charms and mysterious performances, with votive offerings, gratuities and donative gifts from the sick.

History repeats itself elsewhere. In Greece to the mythological deity Apollo is ascribed the headship of the art of healing. Æsculapius, said to have been his son, is known as the father of medicine Æsculapius and his descendants were accorded the exclusive control of treating the sick in Greece, and numerous temples throughout the land were consecrated to the God of Physic.

The Æculapians were also an exclusive cast, they zealously guarded their secret methods of treating the sick, and while both used votive tablets or stone testimonials of cure, only the Egyptian priests resorted to the votive offerings by which they might lay the patient or his kin under votive declaration to go out and butcher those whom the priests happened to have no use for, such service being entered upon and required as compensation for the cure of the sick.

It is interesting here to note the legend of the Grecian woman who was brought in fear and trepidation to an Æsculapian temple upon the serious charge of interfering with the practices of the God of Physic. Her explanation was that she had a daughter very ill, who was suffering with disease of the eyes that threatened the loss of her sight. "We people of the hills." said the woman in extenuation, "remembering that the anemone, or wind flowers, sprang from the tears shed by Venus for the loss of Adonis, have always found great healing virtue in these blossoms when their dew and fragrance are applied in sore afflictions of the eyes. These I presumed to gather at dawn. Oh! mighty Æsculapius, and fend me all I beg thee." "A whimsical notion deserves no more than a chiding," replied the Æsculapian, "but yours is a specious plea. Know, therefore, that thy daughter shall lose her sight at the hands of the Gods, whose displeasure thou hast provoked. Go ye hence speedily and fetch her."

But the puissant mind of genius will not down, and ever upon the horizon of medicine there appears some intellectual giant with the courage of his convictions bent on following the truth wherever it may lead, and incidentally giving the moguls of the dominant school no end of trouble. Such was Pythagoras, born in Greece, 570 B. C. and in history known as the first philosopher. Pythagorus

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took issue with the followers of Æsculapius as to their right to the exclusive possession of the secret methods and means of treating the sick. Claiming that himself and others who desired to study and investigate the lore and practices of the time should have access to the same and opportunity for learning whatever knowledge was obtainable from any source. This was denied him, and subsequent protestations brought down upon his devoted head the open hostility and enmity of the powerful and influential guild of Æsculapius.

Pythagorus was made of stern stuff. Born of a prominent and wealthy family of Samos, and having received instruction at the hands of learned men of highest repute, he found himself equipped to go to the fountain head for the knowledge denied him at the hands of the medical sect of Greece. Accordingly he visited in turn Egypt, Phoenicia, Babylon, Chaldea, and India, becoming thoroughly familiar with the mysterious lore of the Egyptian priests and making the cult of the Hindoo his own.

With his harvest of knowledge from the wise men of these countries, well garnered, he returned to Greece and rapidly gathered about him a circle of pupils, and a new era in Grecian intellectual advancement seemed at hand. Declaring for a policy of non-secrecy and the open discussion of all facts, practices and theories of interest to men, he early incurred the opposition of the Æsculapians, who soon succeeded in having him regarded unfavorably by the ruler Polycrates, and this tyrant finally banished him from Greece.

Nothing daunted he removed to a Grecian colony in Italy, where he established himself and rallied students about him from far and near, teaching the propaganda of the open book for all.

The hostility of the Æsculapians now became so pronounced and bitter as to bring down upon Pythagoras and his followers the fullest measure of their malevolence and resentment; when, at length, a building wherein a large gathering of the prominent Pythagorians was assembled was set on fire, and a great number, including Pythagorus himself, was burned to death. The remaining Pythagorians were dispersed and persecuted, but, though scattered far and wide, continued to proclaim publicly the teachings of "the master."

Realizing that their secrets had become common property throughout Greece, the Æsculapians were constrained to lift the veil of secrecy from their practices and methods of treating the sick, prohibiting by dogma any resort to the use of mysterious or secret practices. Thus the principle for which Pythagorus had contended, a principle that cost many great men their lives, became a pronounced orthodox tenet in the dominant sect of medicine.

Efficient and potent as an organization this "school," now ruled with an iron hand and no uncertain power, nor hesitated in subsequent times to bring to violent death, other recourse unavailing, intellectual giants, the equals of Pythagoras, whose life work would have blessed immeasurably the welfare and development of the human race.

Such has been its controlling and ruling purpose and temper since time immemorial. Apprehensive of rivalship, ever suspicious and fearful that some savant or alien would make new discoveries or bring unsuspected facts to light which would discredit its own dogmas and crudities, discoveries which might displace its systems and methods, nullify its authority and power, and relegate dominant medicine to an inconsequential position in the world of medicine. Anxiously fearful and painfully apprehensive lest such an evil day be visited upon this ancient guild, the medical horizon has ever been under the scrutiny of its suspicious and vigilant eye, for the appearance of interlopers whose presence might prove a menace to the dominant school of medicine.

There is abundant evidence that dominant medicine has also exerted a controlling influence in public and state affairs, and especialy in the early days when written communications were infrequent and the interchange of ideas was almost entirely by oral methods alone. The grasp, reach and influence of the fraternity of dominant medicine extended through every avenue and walk of life. When, therefore, Socrates, one of the few great over-towering minds of the world, dared to direct his sarcastic shafts of attic salt against the doctrines of the Hippocratic school of medicine, inveighing against their doctrine that the human body contained four humors, blood, phlegm, black and yellow bile, and that any departure from health simply meant an excess of one of them, which, under the theory of coction and crises, was to be evacuated. When he declared their theories and tenets ridiculous and untenable, affirming that researches in other fields and dissections of the human body should all be laid under tribute to aid in acquiring a more creditable knowledge of the nature of disease and its rational treatment, he was bitterly denounced by the dominant medical sect, who, through their association with and predominant influence over the Sophists, was a prominent factor in bringing about Socrates's untimely and violent death.

The Hippocratic school, which later was amplified, explained and pushed to its last consequences by Galen as the Galenic school of dogmatic medicine, merging later into "dogmatism" pure and simple, continued to exert marvellous control over any investigation which might develop facts prejudicial to their doctrines or prestige. In the days when Alexandria was the centre of science and literature—three centuries before the Christian era—the insistent demands of the pupils of Socrates resulted in many dissections under the auspices of dogmatism, and for more than 1,600 years this school was able to throttle any attemps of the anatomical study of the human body, or other research, except under such favor and patronage of dogmatism as would insure the protection of its doctrines and systems.

Then was born Andreas Vesalius (or Versale), who, even in his early youth, displayed a great thirst and appetency for anatomical knowledge. To this day, A. D. 1514, dogmatism had been able to fortify itself behind such prejudices as "the inviolability of the dead body." These prejudices, inspired and fostered through centuries of new races, religions and bias, compelled the subserviency of

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the independent investigator and especially in dissections of the human body.

Born of a family famous in the medical profession, Vesalius enjoyed the best advantages that the foremost teachers and schools could afford.

To evade the penalties of the dogmatic school he did his work under cover of the night, and to secure material for anatomical study fought with canine and bird vultures for the bodies of criminals, and disinterred bodies from the cemeteries. He now published treatises, contending that Galen's opinions and teachings were false, and because he "threw off this yoke of authority which had been imposed by a blind veneration of the opinion of the ancients and ventured to conceive the possibility of error in the writings of Galen" he was denounced as a schismatic and heretic.

The capital crime of sacrilege was charged against him by Sylvius, his old master, and later he was condemned to death.

Dogmatism has enjoyed a mixed experience. It has from time to time accepted new theories and doctrines, unopposed to the Galenic methods, as the medical practice of Arabian astrology in Versalius's time, amalgamating these with the orthodox systems of dogmatism; it has combatted inimical theories and methods, striving to squelch them and crush their originators; again, as in the case of Versalius, the significance of whose investigations confounded and bewildered dogmatism, this school repudiated its indictment of Versalius and renounced its old conflicting theories and receiving Versalius back to its fold with open arms, acknowledged the force of his discoveries, and it has in persistent and bitter opposition left no stone unturned in antagonizing new and invaluable discoveries, whose importance was their own defense, discoveries which soon became associated with new methods all their own, attracting enquiries and adherents, who soon adopting a system of instruction therein, invited all to drink of this new intellectual fountain, whereupon dogmatism finds itself face to face with the more strenuous experience of a rival school of medicine.

The modern rival of dogmatism is the homœopathic school of medicine. Samuel Hahnemann, its founder, was born in Saxony in 1755. His collegiate course began in Leipsic and Vienna, and ended in the University of Erlangen, where he was graduated in 1779. He served in the hospital at Dresden, and practiced medicine some three years in Saxony. Of an analytical turn of mind, his capacities of reflection and deduction brought his conviction before the bar of a sensitive though implacable conscience. At this time he wrote that it was painful to him to grope in the dark and prescribe according to this or that singular view of the nature of disease, and to treat unknown morbid states with loathsome compounds, the thoughts of which filled him with abhorrence and disgust. The medical dispensaries, as the British Pharmacopœia, then at hand., prescribed such substances as hog's lice and viper's flesh. For hydrophobia the patient's head was kept under water while the psalm Miserere was sung. For pleurisy, bleeding ten ounces of blood and giving the patient the "express juice of horse dung."

Thoroughly out of sympathy with the existing medical practices, Hahnemann retired from active life to the privacy of solitude, where he spent much time in contemplation and reflection. Later he devoted much patient work and study to chemistry, and in the course of the next few years many valuable papers from his pen established his talents, great sagacity, and profound knowledge; the renowned Berzelius saying of him that the world missed a great chemist when Hahnemann returned to medicine. His yearning for his old associations led him to take up medical research, and from 1790 he made many translations from French, English, Latin, Greek, Syriac and Hebrew upon medical and scientific subjects. While studying the medical properties and actions of drugs and elementary substances, Hahnemann projected an original course of enquiry. The differentiation of the medical qualities of drugs now engaged his earnest attention. Cullen's data of the fever condition produced by the drug Cinchona were noted, and along these lines of inquiry Hahnemann found this fever to be so similar to the type of fever called malaria as to parallel its symptoms and characteristics. He was quick to grasp the import of this great truth. All medicines should be thus observed and studied in their effect upon the healthy human body, and this knowledge should be used in employing medicine to cure the sick.

"What the falling apple was to Newton and the swinging lamp in the baptistry of Pisa to Galileo" was the discovery to Hahnemann of this principle of drug action as a basis of medical therapeutics.

Opportunity for a practical test of the value of these discoveries was now afforded him in his appointment to take charge of an insane asylum, and it was only after some years of further research and corroborated evidence that he commenced to make known the result of his original investigations. Then many papers from his pen, among them "A New Principle for Ascertaining the Remedial Powers of Medicinal Substances," "Antidotes for Some Heroic Medicinal Substances," "Several Periodical and Hebdomadal Diseases." The intent and purpose plainly being to work a reform and improvement in medical practice.

Neither he nor his work was well received, however, for representative dogmatism visited ridicule and abuse upon him, whereupon he was atacked with much acrimony on all sides, being stigmatized a quack, charlatan and heretic. This called from his pen "A View of Professional Liberality at the Commencement of the Nineteenth Century," in which he adjured "Physicians of Germany, be brothers, be just." But ridicule and anathema relentlessly followed him, and he became the especial target of the asembled wisdom of dogmatism.

Claiming liberty of medical opinion and action he expressed a desire to drop polemics and confine himself to demonstrating the practical value of his methods, but appreciating that this would not be conceded him, he finally defended a thesis De Helleborismo Veterum before the faculty of medicine as a necessary qualification to give courses of lectures and teach those who wished instruction upon his new methods and discoveries.

Hahnemann now attracted enthusiastic adher-

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ents from students of Leipzig and other universities as well as from the ranks of the profession, who exhibited equal zeal and earnestness in disclosing the truths of this new school of medicine. His rapid and increasing reputation brought down the wrath of the dominant school upon him. Petty charges of transgressing the laws in his methods of practice were brought against him, and in the absence of such convenient statues, ordinances were formulated that discriminated against him. The superintending physician of Eulemberg, in Saxony (1799), was spurred on to proceed against him; again in Konigslutter, and within the next two years in five or six other towns of Germany, where he had endeavored to establish himself he was harried and persecuted and constrained to depart. But despite these discouragements the nucleus at Leipzig developed rapidly through constant accessions to the ranks of the followers of the new medical school of Homœopathy, and soon its representatives were to be found in all the large centers of the old world.

The drug, Cinchona, first to come under the attention of Hahnemann, together with its alkaloid, quinine, produced symptoms and conditions similar to and a picture of those found in malarial fever. No drug known so successfully combats the symptoms of malarial fever as Cinchona or Quinine, and none so readily overcomes this disease. The curative effect brought about was ascribed by him to the similar action of the drug. The dominant, or as it was now called, the allopathic school of medicine, declared the drugs cured disease by their opposite or contrary action to the diseased conditions combatted. And the assumption of Hahnemann that the disease could be better cured by the similar action of medicines was derided and scoffed at in the diatribes of the allopathic school; such brilliant sallies as that still in evidence of the "hair of the dog for the cure of the bite," being as often indulged then as now, in phillipics against "Similia Similibus Curantur."

Hippocrates not only asserts the law of contraria, the antagonistic or contrary action of drugs, but declares that diseases are also cured by the similar action of medicine. For Hippocrates in his work "On the Places in Man," states that the same substances which cause cough, vomiting, strangury, and other conditions, will also cure these complaints. This logically, at least, should have silenced and disarmed the allopathic arguments, but the cumulative rancor fostered by dogmatism through decades of centuries continued to manifest itself consistently towards representatives of the homœopathic school.

But Hahnemann and his co-workers were now diligently elaborating and weighing the value of these discoveries of the new school. Medicines taken internally are found in the tissues and secretions of the body. Hence they are there to exert such influence as they are able. Different parts, tissues and organs of the body show an elective choice as regards different drugs, one tissue or organ selecting one medicine, another, another, as they pass along, permeating the tissues So a disease having its seat or starting point in some deep-seated or obscure tissue may be reached and acted upon by the drug for which these obscure tissues have an affinity. Homœopathy discovers and selects the drug for any especial tissue or organ by first acquiring a knowledge of the action of drugs on the healthy body, and after invoking such dietetic and sanitary aids as are desirable adjuvants, employs these methods in combatting disease. A peculiar cycle of symptoms arising from a disturbance of certain functions or tissues through selective action of a drug thus demonstrates the ability of that drug to work on deep-acting causes. "Every efficacious remedy produces in the human body a peculiar species of disease." (Hahnemann, 1796.) Thus Homœopathy confronts symptoms of disease with drug action of similar powers.

But it is all important that the drugs and medicines be pure in preparation, and that their purity be safeguarded by rules of precision and accuracy. At this time the apothecaries were preparing, under the direction of the allopathic school, mixtures and doses compounded of one hundred and fifty ingredient's using "viper's flesh and powder of bull's tail and boar's tooth, etc." Hahnemann declared his lack of confidence in the makers of these conglomerate compounds and filthy mixtures. His exhaustive pharmaceutical and chemical knowledge and the research and labors of his confreres developed new pharmaceutical methods and pure medicinal preparations, unvarying and precise and easily assimilated by the absorbents of the human body. These researches and developments in homœopathic pharmaceutics furnished now opportunities for allopathic ban and denunciation. But since these days, and in our own time, eminent authorities in the allopathic school in their printed words, have not only endorsed the use of the remedies which Homœopathy in Hahnemann's day advocated for certain diseases by reason of knowledge acquired through drug provings, but have declared that the use of these valuable medicines in the more important and serious conditions and diseases is often imperative and obligatory on the part of the medical practitioner.

It is equally true that the manufacturing druggist and chemist has long since adopted the decimal trituration and other methods of homœopathic pharmaceutics of the days of Hahnemann, and that the general practitioner of to-day in the allopathic or dominant school of medicine would be as much lost without these products as the general public without the use of steam or electricity in this era of the twentieth century.

The consequences of the misdirection given to thought through the coercive measures exercised by dominant medicine are indeed most appalling. The dramatic apotheosis of the remote periods, or the sacrifice of human life on the altar of dogmatism in later days, now are no longer featured, for in 1619, William Harvey declared those tenets of dogmatism false, which held that the arteries and heart contained vital spirits in their normal state, and that the veins were supplied with blood from the liver. He promulgated the real use of the blood vessels and the true method of the circulation of the blood. Harvey was physician to James I. and Charles II., of England, and needed all the protection which these monarchs could bestow, for

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his presumption in overturning the concepts and assumptions of dogmatism. Hume, the historian, asserts that no contemporaneous physician of forty years of age would cease antagonizing Harvey's doctrine of the circulation of the blood to his dying day.

Edward Jenner, 1798, announced his discovery of a method of preventing the spread of small-pox. Noticing that animals afflicted with cow-pox often communicated this disease to their milkers, and that these milkers after having had cow-pox became immune from small-pox, he spent some years in patient investigation, and finally gave his discovery full currency. A storm of invective and abuse burst over him. His motives were questioned, and he was charged with dishonesty and quackery. Jenner's discoveries in no way endangered the corner-stones of dogmatic faith and doctrine, and presently the charge of being a quack was withdrawn, and his good standing in dominant medicine was restored. Within the memory of many now living, Dr. Henry McCormac dared take exception to the prevailing methods of treating tuberculosis, holding that the shut-in treatment and restricted diet were fatal to the good results that a generous diet and a maximum of fresh air would give. This brought down upon him the wrath and contumely of representative allopathy, who decided that he was a dangerous factor in the medical fraternity, ostracising him and putting him under the ban.

Many more equally interesting citations might be made did not the limits of this article forbid, but what has been here set forth shows that dogmatism has consistently and from earliest times striven for despotic power; has heaped abuse mercilessly upon those who questioned its controlling theories, and has not hesitated to persecute and torture even to death in the early times, or to upbraid and denounce as a schismatic condemning to obloquy and ostracism in later days, those who, with Versalius, "threw off this yoke of authority."

Mark the contrast. Homœœopathy, the rival school of medicine, with its thousands of practitioners, ably representing it in all quarters of the world, its many medical faculties and colleges and hospitals, and extensive literature, has from its earliest existence and since Hahnemann's essay, "A View of Profesisonal Liberality at the Commencement of the Nineteenth Century," proclaimed liberty of medical opinion and action, and this freedom of thought and liberty of action has always been loyally accepted and conformed to by its representatives and adherents. Its record gives no example of persecution or ostracism and the widest digression of opinion on important and vital questions have never resulted in the denunciation or discipline or the withdrawal of the right hand of fellowship to dissenter or critique.

Dr. William Osler declares that "the past is always with us, never to be escaped." With the brand upon Cain came this sentence: "When thou tillest the ground it shall not henceforth yield unto thee her strength." So the lust of rule or ruin no less than the centuries of indulgence in rancor and logomachy have left their impress upon allopathy, a mark of heredity always in evidence and easily perceptible between the lines in the records of Santiago.

The organization of the dominant or allopathic school, or as it now prefers to be known, the regular school of medicine, is unique. Continually rehabilitating and strengthening its organization, it now has become a complete and efficient working entity; its centralized power, theoretically, reaches through its ruling or national society; its general and minor and local societies to every individual of the medical fraternity, lacking only government and municipal laws requiring practitioners of medicine to affiliate in their local medical societies as a necessary qualification for license to practice medicine, to make the power of the dominant school complete and well-nigh perfect. And if there were no rival school of medicine this had been brought about long ago.

Dogmatism has always been in the saddle, and though it still longs for objects without its grasp, its power is more potent and far-reaching than ever before. Public and semi-public institutions with millions of capital interested are practically controlled entirely by a medical staff of dominant medicine. The medical affairs of commercial and manufacturing enterprises fall naturally into the lap of the allopathic school; the transportation companies as well as the medical and surgical departments of the national government are likewise inevitably in the control of representatives of the dominant school of medicine.

In the year just past, in a plague-visited community, a physician of the homœopathic school comes upon the scene and solicits on opportunity to prove the value of a newly discovered preventive and cure. He asks for a fair trial, and offers to risk his own life in the experiment. He is informed by representatives of the allopathic school, in unequivocal terms, that neither himself nor his claims will be considered, and that any attempt to force his experiment to trial will result disastrously.

It has already been noted that a surprisingly large share of the important discoveries and means of cure have originated from sources foreign to the dominant school of medicine. It has also been the history with new theories and systems, be their pretensions ever so erratic and preposterous, or their bases irrational and insecure, still new or novel truths unfold therefrom as a more or less useful accession to the world's store of valuable assets.

With these facts in mind, what can despotic medicine offer in extenuation of its extraordinary regime? And how shall we estimate or how shall words justly describe its repressive influence upon the welfare of the human race?

Lest it seem probable that the foregoing is to some extent inspired by ignoble motives, or that averments here set down are unique and unwarranted, a few quotations from the writings of scientific and learned men, famous in their time, are appended. The renowned Bichat writes: "To what errors have not mankind been led in the employment and denomination of medicine. . . . It is not a science for a methodical mind, it is a shapeless assemblage of inaccurate ideas, of observations often puerile, of deceptive remedies and formulas as fantastically conceived as they are tediously ar-

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ranged." Sir Astley Cooper, an eminent English surgeon says: "The science of medicine was founded on conjecture and improved by murder." Dr. J. Mason Good declares, "The science of medicine is a miserable jargon, and the effects of our medicines upon the human system is in the highest degree uncertain, except that they have already destroyed more lives than war, pestilence and famine combined." Dr. William Osler: "Medicine is the science of uncertainty and the art of probability."

In all that has here been set forth, however, no reflection of a personal nature has been either intended or implied. For in the line of one's chosen duty there are none less deserving of censure or of blame than the general practitioner—the physician and surgeon—whose painstaking and faithful services and unselfish devotion in the cause of the stricken and suffering bring to him all too frequently only such reward as the self-consciousness of a duty well done.

I desire to emphasize this, for interwoven through cherished associations are ties that have bound me through a score and more of years and in friendship's name to those in the rank and line of the regular school of medicine. Nor should this seem inconsistent.

For instance, a soldier condemned to be shot to death at sunrise, stands and looks into the gun barrels of four of his barrack chums, who await the word, a few paces away, to send his soul to eternity. Never, he tells himself, since their first day's companionship, have these mates hesitated to share their last morsel with him or refused to face any danger in his behalf. His own heart tells him that their still beats as warm and true for him as ever, and that his name and memory are safe in their keeping. But he knows that they stand there ready and at attention, an integral part of a great entity, whose signal a few seconds hence will move the fingers of these automatons, and—that's all.

Some thirty years ago in certain cotton mills and railroad yards of the East results were obtained in the treatment of emergency cases which were most flattering. In lacerations and similar lesions, and even in insignificant cases, the patient was anæsthetized, and with scrubber and green soap parts involved were cleansed from dirt, grease and grime and rendered aseptic. Thereupon lesions were dressed and cared for with lotions of Arnica in contusions, Hamamelis where circulatory vessels were largely involved, Hypericum in lacerations involved in nerve tissue, Ledum palustre in simple punctures, especially of extremities, and Calendula in open and ulcerated surfaces. Differentiating thus in fresh wounds with the hot cleansing water as noted, a happy termination waited on all cases; and later, when using the pure hot water from the engine condensers, an even more marked and satisfactory outcome resulted. The practice of aseptic boiled water lotions under the above rules was subsequently adopted, and these methods were thereupon advocated far and wide by reports submitted to State and Government boards. However, these early days of antiseptic surgery were replete with the stench of carbolic and antiseptics, and the fad ruled so strongly, both within and without professional circles, that no surgeon was regarded as up-to-date unless this antiseptic odor was associated with his work. In spite of results the antiseptic methods were denounced as "a skim milk method, adequately illustrating homœopathic tenets and tendencies." Contemptuously rejected then, accepted in principle now in far Japan, the aseptic lotion treatment has at this late day come to its own to bless suffering mankind.

The Japanese to-day consider dogmas, dogmatic methods, and paganism to be bootless and lying across and obstructing their path of progress. With, therefore, no traditions, or contention, or prejudice to subvert their search for the truth, with the greatest harmony existing among all classes of investigators; with fair and equal treatment accorded to all, whatever the pretension, or by whomsoever presented, be he artisan, savant or aborigine; with aim and intent, a precise and accurate test and final estimate of the value of every proposition judged by the sensitive scales of truth and justice and with the repressive powers and policy of our own dominant school in mind, we need no longer be at a loss to account for the surpassing excellence of the Japanese methods, nor wonder at the contrast of Santiago and Manchuria.

The rival school of Homœopathy has employed its initiative in striving for liberty of medical opinion and action, and the presentation of its principles and methods of practice for candid consideration on their merits and without prejudice. Contending for these, it has been content to await the vindication which the more even judgments of the future will concede. But a new condition of things has arisen through the action of the National Society of regular medicine, which in its late official announcement abandons its former hostile attitude towards Homœopathy, and declares that denunciatory anathema and abuse shall cease. That its former dictum which forbade any member of the regular school to recognize, consult with, aid or abet any practicing physician of the homœopathic school under penalty of expulsion and ostracism at the hands of the local medical society concerned, be also revoked and annulled, and that the use of homœopathic methods shall be permitted and recognized in the daily routine of the allopathic physician. In the words of Dr. William Osler: "It is time that the homœopathic brethern were coming into the fold . . . a difference in drugs should no longer separate men with the same hope. . . . The original quarrel is ours."

We remember the treatment accorded Versalius, following which came the recantation of dogmatism and the return of Versalius to the fold. We have seen Harvey "Versaled" after the same process. Also a like experience vouchsafed Jenner when he was "Versaled." And now the "homœopathics" hear those sweet strains so mysteriously alluring. Shall the rival school also be Versaled" as have the rest? Shall its voice of conscience be silenced? Or shall the aims and missions of Homœopathy lay it under an obligation to contend not only for the recognition of its own established truths and principles, but for an abolishment of the dogmatic power of "Versale," and the future considerate reception of all claims from whatever source and their efficient valuation and

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promulgation; whereby inspiring the hope that we shall no longer be out-classed by an Oriental nation, and that humanity's best interests shall thus be subserved.

Practice of Medicine.

THE OUTLINES OF MANAGEMENT AND TREATMENT OF PULMONARY TUBERCULOSIS.

BY A. W. CALLOWAY, M. D., ASHEVILLE, N. C.

As a first proposition, every physician is aware that the majority of incipient cases are curable, that many second stage cases are permanently arrested, and even in the apparently hopeless cases the end may be delayed indefinitely.

Accepting this fact, it is but a logical sequence that modern science has established methods by which these results can best be accomplished.

Physicians familiar with the treatment of chronic disease will readily comprehend what the word management implies, it is about paramount to the treatment.

The disease is long-lasting, its stages are often slow, complications are many, and it, indeed, requires a steady hand to guide a patient through all of this successfully.

Many cases result in failures because the patient is not sufficiently informed in regard to the nature and course of the disease. He will feel that a few weeks ought to accomplish what can only be done in months, and will become dissatisfied, groping around in the dark from one physician to another, in search of a particular treatment, which he feels is necessary to his case.

The idea has gained foot among the laity that there are certain types of treatment, and I wish to name the following ones merely to correct this erroneous idea: The serum, tuberculin, creosote, X-ray, outdoor, tent and sanatarium will probably cover the list.

It seems altogether unreasonable to me that in a disease of this kind there should be so many different methods; in fact, physicians themselves know this to be true, and they ought to know that different cases require different forms of treatment, and that no routine could be followed out successfully in the treatment of pulmonary tuberculosis.

So it is well enough to inform your patient at the onset of the pitfalls of these various treatments, so that at the end of a few weeks he will not be groping for one of them.

Strange it may seem, and yet during eight years of practice almost exclusively among tubercular patients, I find a large percentage of them in which the modern methods of diagnosis have not been applied.

A physician who is not familiar with the microscope and its methods is no more able to treat the disease than a gynæcologist a case of chronic metritis without a speculum.

All of the methods of physical diagnosis, including inspection, mensuration, auscultation and percussion, should be systematically employed, and records obtained by means of charts and notes.

A very important feature in diagnosis is the clinical history, then added to this the symptoms, range of temperature and personal resisting power and a fairly accurate result is possible.

Another important matter is to acquaint your patient, unless critically ill, with the nature of the disease, and the probability and manner of its outcome; I say this because it is not always done; in fact, it is frequently the practice to keep everything from a patient.

Sooner or later they learn of this deception and then a physician's management is surely at an end.

Unfortunately, there are mercenary methods in vogue in the treatment of this disease, and the hopefulness which pervades in it, encouraged by physicians, will often lead the patient to endless expense with unsatisfactory results.

The most important step is to instruct your patient in his diet and hygiene, the latter consisting of rest or exercise, number of hours outdoors or indoors, time of retiring as well as rising, bathing, and, in fact, all of these accessory methods, which will assist nature in combatting the disease.

The ideal treatment as conducted in a sanatarium relieves us of the trials of management, the diet is arranged by skillful nurses, the bathing is systematically given, and the patient is under observation during the entire day.

By this, one can see that colds and digestive disorders are almost impossible, and during crises of hæmorrhage or temperature good nursing is at hand.

In the absence of any specific treatment, which has honestly stood the test of time, at the present day, we can but rely upon hygienic and dietetic treatment.

There is no single element in cure which affords a satisfactory result, therefore, we must employ every known method, from the greatest to the least significant, if we are to do our full duty toward the patient.

At present the outdoor treatment which affords an abundance of fresh air, is the most in vogue; as usual, the extremist has carried this beyond the lines of safety, and I often see patients out from under shelter in weather that is fit for neither man nor beast.

It seems to me altogether unreasonable that tent life, with nothing but pure air around, even though wholesome as it may be described, is as satisfactory as the same fresh air passed through even larger openings than a tent door in a properly arranged room or sanatarium.

It is impossible to properly protect and care for a civilized person in a tent during all seasons of weather; therefore, I would most certainly advocate plenty of fresh air, providing protection against bad weather can be obtained.

In regard to the diet, it, too, has been carried to such an extent that often a sitting of eggs has been stuffed in during one day and added to this a quart or two of milk.

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This stuffing process may occasionally add a few pounds of weight, but more often it adds a

torpidity of the intestines and a general weakening of digestive powers.

Below will be found a plan of diet which will meet most cases:

On awakening, eight ounces of equal parts of milk and seltzer, taken slowly through half an hour.

Breakfast, cereal with a little sugar and cream, rare steak or loin chop with fat, soft boiled or poached egg, cream toast, half pint of milk, small cup of coffee.

Lunch, 10 A. M., half pint of milk or small teacup of squeezed beef juice with stale bread. Twelve, noon, rest or sleep.

Midday meal, 12:30, fish, boiled or stewed chicken, scraped meat ball, stale bread and plenty of butter, baked apple and cream, two glasses of milk.

Lunch, 4 P. M., glass of milk and seltzer or raw scraped beef sandwich.

5:30 P. M., rest or sleep.

Dinner, 6 P. M., substantial meat or fish soup, rare roast beef or mutton, game, slice of stale bread, spinach, cauliflower, fresh vegetables in season (sparingly).

Of the specific treatments I believe that Tuberculin will undoubtedly arrest incipient cases; serum affords nothing definite, and those who employ it are claiming no particular results, otherwise than could be obtained in the same cases without it.

The bells have tolled so long ago for Creosote that it is somewhat surprising to catch a whiff of it from a passing consumptive.

The local sprays of antiseptic oils will undoubtedly hold their position in assisting nature to throw off the sputum and modifying its deleterious effect upon the respiratory passages.

I know of nothing better to combat the disease and its accessory conditions than the remedies of which I may name: Aconite, Veratrum viride, Bryonia, Drosera, Arsenicum, Arsenicum iodide, Kali iodide, Kali carbonicum, Kali bichromicum, Antimonium tartaricum.

To recapitulate, I would say, keep in mind the following: The patient and his idiosyncrasies, the disease and its probable course, the lack of time usually given for cure, the tendency of the patient to shift from climate to climate, or from physician to physician, and the avoidance of physicians, who promise definite cures, because the very promise implies either a lack of knowledge or good intention.

I believe cures and arrests of the disease are accomplished best by, first,, an abundance of fresh air and without exposure to extremely bad weather; second, outdoor life without undue discomfort; third, plenty of well selected food without stuffing; fourth, medicine only such as is specially indicated; fifth, systematic and, persistent effort to accomplish such ends on the mutual part of patient and physician.

In the early months of pregnancy examinations should be made to determine that there is no retroversion, or to treat it if it exists A retroverted gravid uterus impacted in the curve of the sacrum always aborts.

Surgery.

TREATMENT OF BONE AND JOINT TUBERCULOSIS.

BY GEORGE S. COON, M. D., LOUISVILLE, KY.

Like all other forms of tuberculosis, the satisfactory and successful treatment of bone and joint tuberculosis depends upon an early diagnosis. If this diagnosis is made in the first stage, at the very inception of the disease, the great majority of sufferers can be permanently relieved, with almost perfect function or only moderately impaired function. In a large per cent. of the more advanced or neglected cases we may still hope to check the process, to save the life, but with great loss of usefulness of the affected part or its total destruction.

Upon the general practitioner, then, by whom these cases are usually first seen, rests the responsibility of quickly recognizing the trouble and at once instituting proper treatment.

As in all other varieties of tuberculosis, an attempt must be made to increase the patient's vital force, by the best obtainable hygienic surroundings, an abundance of fresh air and sunlight, proper and nutritious diet, and the best homœopathic prescription of which we are capable. Sea air is especially beneficial, mountain air is likewise good for those whose means permit. Although these constitutional measures are of very great benefit, and I would not belittle their usefulness, yet they must rank as of secondary importance, when compared with local treatment. Attempt to "build up the system" while neglecting the local trouble, as is too frequently done, is sure to end disastrously.

The most important part of the local trtatment is to secure absolute physiological rest. Tubercular outbreaks frequently follow traumatism. Constant use of the part produces repeated slight irritation and keeps the disease active. Hence, fixation and protection are required.

The more acute and marked the trouble the greater the necessity for absolute rest.

It is almost impossible to secure this when the spine or lower extremity is affected, unless the patient is put to bed. This will often relieve the pain and swelling, and even when prolonged many months, will not interfere with nutrition. In all possible cases immobilization and protection should be secured by a retentive dressing of plaster of Paris, silicate of soda or splints of various kinds. This in many cases constitutes the chief treatment. Traction when possible is also of great service. The articular surfaces are thereby separated. Suppuration is less likely to occur. Absorption of the joint contents is favored by the compression made by the capsule and ligaments which are put upon the stretch. Its good effect is shown by the diminution of pain, the alleviation in muscular spasm and spastic rigidity. It corrects and prevents deformity.

When the acute symptoms have subsided the patient should be gotten out of bed, but the fixation dressing and traction must be maintained for months and frequently for a year or more. Not until all soreness and pain have subsided should

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the rest treatment give way to functional use. Even then the case must be carefully watched for indications of exacerbation of unfavorable symptoms. In no class of cases is the patience and ingenuity of the surgeon more taxed.

Local applications do not play an important part in the treatment; occasionally evaporating lotions or the ice bag may be of service in acute cases. In more chronic cases ointments containing Belladonna, Ichthyol, Mercury or other drugs are recommended. A slight blister around the affected spot sometimes gives marked relief from pain.

Brilliant results have occasionaly followed the injection into the diseased foci of certain agents inimical to the growth of the bacillus. The most frequently used is a 10 per cent. solution of iodoform glycerine or olive oil. Balsam of Peru may be injected undiluted. Hahn reports excellent results from a mixture of formalin and glycerine. 1 to 55 per cent., believing it superior to iodoform in abscesses connected with diseased joints.

Recently Phelps has advocated pure carbolic acid in the treatment of tuberculous abscesses and sinuses. It is allowed to remain in contact with the infected area about one minute, when it is neutralized with alcohol, followed by saline irrigation.

Large effusions into a joint which fail to yield to rest and compression may be tapped under the strictest antiseptic precautions. Small abscesses not infected with pus germs should be allowed to take care of themselves, as many of them will be absorbed. Aspiration or aspiration with irrigation is sometimes of service, and in many cases preferable to open incision. Open incision is frequently followed by infection with increased destruction of tissue.

Should these conservative measures fail in stemming the progress of the disease, operative measures of greater or less extent may be demanded. These have for their object the removal of the tuberculous tissue and securing a surgically clean wound.

Occasionally, though rarely, will it be possible to remove the infected focus without entering the joint. When possible this should be done.

When operation is decided upon, usually a free incision should be made into the joint; even as an exploratory measure, it is devoid of danger, if proper precautions are observed. This thoroughly exposes the tubercular foci and allows of its ready removal. If the process has not extended too far, the joint outlines may be little interfered with.

The fungus growths, the diseased synovial membranes and interarticular cartilages should be thoroughly removed with a sharp scalpel, the foci in the epiphysis with a chisel or sharp curette. Pure carbolic acid may then be swabbed over the entire diseased area, its action being neutralized by alcohol, followed by saline The wound is then closed with or without drainage as required. The aim is to get an aseptic wound and immediate union.

In this atypical resection a stiff joint is usually to be expected, which is an imitation of nature's method of cure.

The limb, consequently, should be immobilized in the most suitable position for usefulness. Should this means fail, after repeated attempts, or should the bone be too extensively diseased, a resection is the next most conservative measure. This operation at one time was extensively done, but is now less and less employed. Resection in children interferes so much with the growth of the bone as not to be advisable. In the mature it is less objectionable. In the small bones of the wrist and ankle resection gives more satisfactory results than less radical measures.

Finally, amputation is reserved for those cases in which less radical means are efficient, or whose profuse and prolonged suppuration threatens life. In the lower extremity, particularly where artificial limbs are almost perfect, it will often be the best possible treatment. The most difficult point in teratment is to decide when operation shall take the place of less radical measures. In general terms we may say that in children in whom time is unimportant, conservatism should be the rule In older individuals in whom time is often an important element and whose bones are fully developed much earlier, operation may be undertaken.

Materia Medica.

CAUSTICUM: A PRACTICAL STUDY.

BY P. W. SHEDD, M. D., NEW YORK.

Causticum may be indicated in the three great miasms, psora, syphilis, sycosis (to use the nomenclature of Hahnemann, which is quite as good as much of the up-to-date verbiage), exhibiting, like Nitric acid, relatively with each of these disease syndromes. It is a compound due to the investigative chemical acuity of Halmemann; a distillation product (called by Hahnemann the caustic principle of quick-lime) from a mixture of lime oxide (CaO) with potassium bisulphide ($KHSO_4$). Its exact formula is not known, but the Kali element predominates, as shown in its depressive, asthenic pathogenesis. It burns and wrinkles the tongue when tasted; freezees at a low temperature; singularly accelerates the putrefaction of animal matter; chemically, shows no trace of sulphuric acid nor of lime.

Hahnemann's summary of its action may fittingly introduce the drug. He says: Causticum, where other antipsoric medicaments have been intercurrently used, may be profitably repeated when indicated. It is most helpful where the following symptoms of psora are present:

Dull pressure in the brain.
Sticking in the temples, in the head.
Tensive sticking pains in the vertex.
Indistinct vision, glimmering.
Floating black specks before the eyes (muscæ volitantes).
Beginning amaurosis; black cataract.
Suppuration of the eye.
Buzzing and roaring in head and ears.
Eruptions at the tip of the nose.
Old warts on nose and eyebrows.

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Loose and painful teeth.
Prolonged suppuration in one spot of the gum.
Dental fistula.
Accumulation of mucus in pharynx and behind the palate.
Phlegm expelled by hacking, scraping.
Goitre-like tumor in the neck.
Swoon-like unsteadiness of gait.
Pressure and drawing in the stomach.
Crampy pains in the stomach.
Pressure in stomach after eating bread.
Pressure in the uper abdomen.
Big belly in children.
Lower abdomen distended.
Misplaced accumulation of gas, with difficult stool.
Chronic constipation.
Cutting in rectum during defecation.
Urging to micturate, with thirst.
Involuntary micturition by day and night on coughing, sneezing, walking.
Pollutions frequent.
Erective power lost.
Delayed catamenia.
Leucorrhœa.
Stoppage of both nostrils.
Short cough.
Cardiac stitches.
Painful stiffness of the back, especially on arising.
Drawing and tearing pains in the scapulæ.
Drawing pain in the arm.
Pressive pain over the elbow.
Sensation of fulness in the hand when closing it.
Sticking pains from fingers to elbow; cold feet.
Swelling of the feet.
Child walks uncertainly and falls easily.
Palpitation.
Sensation of unrest in the body.
Apprehensiveness.
Melancholy.
Sad thoughts night and day.
Weeping.

A careful analysis of Hahnemann's summary is a liberal education in therapy.

Causticum acts chiefly on the ganglionic nerves, alters the blood and affects the skin and mucosæ; finally, acts deeply upon the cerebrum and medulla causing tremors, shocks, convulsions, contractures, paresis, paralysis; a sluggish, passive systemic disintegration, the down-curve of vital declension beextended, slow, sure. In its lepressant action it produces cold, chilliness, especially along the spine, sometimes with heat in the face and thirst. Old broken down "chronics" come within its therapeutic range.

According to Teste, the primary effect of Causticum is a nervous unrest, exaltation of function, cramps, convulsions, progressive hysteria, choreic symptoms; secondarily, depression, paresis, paralysis. It appears to act more slowly than the other antipsorics.

Neurotically, it is adapted to timid, nervous individuals, anxious, terrified, especially at nightfall, the terror increasing with the darkness, as in children afraid to go to bed in a dark room.

There is great general uneasiness of the body, with cardiac anxiety while sitting still, the patient must get up and walk about (as in Gelsemium).

Epilepsy with the menses, or during sleep with involuntary micturition.

Chorea, especially right-sided; right face, tongue, arm, leg; speech confused.

It is indicated, especially in dark-haired persons of rigid fiber; weakly, scrofulous (psoric) habit, sallow complexion; suffering from ancient suppression of skin diseases, or afflicted with respiratory and urinary troubles (possibly an inward exhibition of the old skin lesion).

Causticum is efficacious in ailments from long-lasting grief or sorrow (Ignatia, Phosphoric acid), from night watching (Cocculus).

Paralyses may be cerebral in origin, particularly right-sided hemiplegias, or result from exposure to dry, cold air as in facial paralysis. (Aconitum often first indicated. Aconitum and Causticum are the two remedies pre-eminently aggravated by dry, cold air, which is frequently the only etiologic factor in their ailments, disregarding for the nonce the Causticum diathesis.)

Causticum secretions are profuse, tough, gluey, yellow or yellow-green discharges from the mucous membranes. Catarrh of the naso-pharynx, of the Eustachian tubes, of the middle ear; frequently a progressive implication in the order given.

The Causticum patient wants to cover up warmly, but his sufferings are not abated by it.

Causticum is a periodic remedy, an hydrogenoid remedy (although the rheumatic symptoms are better in warm, damp than in cold, dry weather). The Causticum cough, violent, spasmodic, is ameliorated by a draught of cold water (like Cuprum and Coccus cacti).

Dilutions: The 3, 12, 30 or 200 will be indicated by the sensitivity of the patient.

Fever: Sweat.

There is no fever; the drug is depressant rather than excitant; he is either chilly or perspires.
Much internal chilliness every day.
Night sweat.
Much sweat when walking in the open air.
Viscid sweat, strongly urinous (Cantharis, Colocynth).

Sleep.

Shuddering at night on waking.
Violent internal chills about midnight followed by general sweat, with humming and heaviness in the head.
At night she cannot get into a quiet position, cannot lie still a minute (Cf. Arsenicum, Rhus, Arnica).

Skin.

A warty remedy, face, nose tip, finger tips, hands. (Antimonium crudum, Viola odorata.)
Hard, dry, horny warts.
Burns that heal slowly, or old burns and scalds become sore again, "never been well since that burn"

Mind.

Insanity, passive in character; the tired-out, worn-out brain gives way and lapses into a feeble automatism.

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Melancholy, depressed, sad, hopeless; can't see a bright side to anything.

Great weakness of memory; very forgetful of words and names; head feels heavy and dull; absent-minded; congestion; inability to think clearly on any subject.

Head and Face.

Vertigo, with inclination on stooping, to fall backwards; on looking up, to fall toward the left side.

Headache, chiefly vertical, with throbbing, tearing, stitching pains, spreading to forehead and temples; headache accompanied by nausea and vertigo, worse stooping, reading, looking up, shaking the head; better in the open air. Arthritic and rheumatic headache, especially in scrofulous subjects.

Yellow, sickly face, with pale, bluish lips.

Sensation of tension and pain in the jaws.

Visual Organs.

Ptosis, paresis of the upper lids (Rhus, Gelsemium, Graphites), progressing to a paralysis.

Air seems full of muscæ volitantes.

Burning in the eyes without redness.

Feeling of sand in the eyes.

Auditory Organs.

Reverberation of the voice or other noises in the ear.

Nose and Throat.

Pharyngeal catarrh with difficult hearing, swelling of the Eustachian tubes, and extension from the naso-pharynx to the middle ear.

Teeth.

In dentition many teeth appear at a time.

Digestive Tract.

Aversion to sweets, which disagree (Graphites, also Argentum nitricum, craving for sweets).

Fresh meats cause nausea; smoked meats agree.

Sensation as if lime were being slaked in the stomach.

Constipation with frequent ineffectual efforts to stool with much pain, anxiety and redness of the face (Nux vomica).

Defecation possible only when standing (paretic condition of the rectum, i. e., gravitation helps).

Fissuræ ani or recti, walking intolerably painful.

Obstinate constipation with anal varices; after stool oppressive anxiety with palpitation of the heart, and burning in the anus; stool tough and slimy, or in hard lumps, knotty like sheep's dung.

Respiratory Tract.

Sore sensation in a streak (Phosphorus more extensive, laterally), down along the trachea, pain with every cough.

Coughs, but cannot raise the phlegm, which is swallowed, better by a swallow of cold water.

Weakness of the voice. Chronic hoarseness. Catarrhal aphonia.

Hoarseness worse in the morning, better after clearing the throat and use of the voice. (Carbo vegetabilis, hoarseness worse evenings; Phosphorus, worse in the morning, especially worse in the evening, and worse from using the voice.)

Back.

Painful stiffness in the back. Coccygeal pains.

Aching in the small of the back when sitting.

Coldness along the spine.

Limbs.

Contractures of muscles and tendons.

Pain in the hip as if luxated.

Rigid feling in the joints of hands and feet.

Contractures of the foot-arch.

Sharp, lightning-like, unendurable pains in rheumatic or locomotor ataxia.

Sexual Organs.

Desire diminished or lost. Aversion to coitus.

Great weakness during the menses (Cocculus).

Violent cramps just before the flow starts.

Labor pains too weak, from uterine atony (30th).

Menses ceases at night and flows only in the daytime; leucorrhœa flows at night and not during the day. Menses cease during the day (Magnesia carbonica, Bovista, Cactus, Lilium triginum).

Urine.

Micturates so easily that he is not conscious of its passage.

Retention except when standing, cannot urinate when at stool (cf. Sarsaparilla).

Enuresis nocturnal from sphincter paralysis).

Cannot expel urine (from paralysis of the expulsory muscles of the urinary tract). Retention in women, after labor, from straining, from becoming chilled (Rhus), from too long voluntary neglect to empty the bladder, as in school children, shop girls, etc.

Modalities.

Coffee aggravates the symptoms.

Worse in clear, fine or dry, cold weather.

Better in damp weather (Dulcamara, the reverse).

Bedside Observations.

Cough with pain in the hip and involuntary passage of urine.

Vocal roughness and hoarseness, even aphonia, in the morning, with burning and soreness. (Phosphorus, mornings, more evenings; Carbo vegetabilis, evenings.)

Rheumatism ceasing as soon as he gets warm in bed, but beginning again when he gets up.

Choreic movements even in the night; worse on the right side of the body; lingual muscles are involved, speech thick, words have to be jerked out; paretic condition of the affected parts. Especially in rheumatic cases or when from cold or exposure.

Acute myelitis with lancinating pains in the back arresting breathing; numbness of fingers and toes, with ice cold sensation and tendency to cramp.

Post-diphtheritic paralysis, crossed, an arm and the opposite leg being affected.

Lightning-like pains in locomotor ataxia. Tearing paralytic pains; numbness of the suffering parts (Cocculus).

Wry-neck from a causticum shortening of muscles and tendons.

Rheumatism worse by either heat or cold, worse in dry weather. It may affect both muscles and joints; rending pains; benumbing pains; exceedingly violent pains.

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Post-diphtheritic paralysis (Cocculus, Gelsemium, Lachesis).

Paralysis of single parts; vocal cords, tongue, eyelid, face (later stages; Aconitum usually indicated first), limbs, bladder; generally on the right side.

Uterine inertia during parturition with faint-like sinking of strength.

Ptosis, a sensation of heaviness in the upper lid, often with burning dryness in the eyes.

Hoarseness and aphonia from weakness or paralysis of the vocal cords.

Involuntary micturition when coughing, or at night during sleep; usually not conscious of the urine passing through the urethra.

Cough deep and hollow, with rawness in the trachea down to the bifurca ion, worse from talking or the warmth of the bed (Sanguinaria); better from sips of cold water (Cuprum, Coccus cacti).

During sleep, uneasy, restless; many motions of the arms and legs.

Old ulcers, originating in a blister, with burning and itching.

Sensation of rawness or soreness (as from a caustic) of scalp, throat, respiratory tract, rectum, anus, urethra, vagina, etc.

Causticum is one of the first remedies in prosopalgia.

Upper eyelids will drop; patient can't keep them up (cf. Gelsemium, Rhus toxicodendron).

COMPARISONS.

Causticum.

Hopeless, despondent, apprehensive.
Damp weather ameliorates.
Aversion to sweets.
Dark hair, rigid fiber; weakly, scrofulous excessively sallow persons, subject to affections of the respiratory and urinary tracts.
Paralysis of the upper lids.
Pains in the back, general or coccygeal.

Causticum

Right-sided.
Dark hair; muscles rigid.
Pulse regular, may be accelerated towards evening.
Tactiturn.
Sexual desire too weak.
Worse in snowy air.
Worse in dry, cold weather.
Better in damp, warm air.
Numbness of suffering parts.

Causticum.

Emaciation of feet and distension of the veins.
Epiphyseal diseases of bone.
Epilepsy with loss of consciousness.
Phlegmatic temperament.
Worse in dry weather, better in damp air
Better oftener than worse from exertion.
Not over-sensitive to pain.

Causticum.

Hopelessness.
Sour vomit.
Better in bed.
Catamenia long.
Worse in dry cold.
Better in wet weather.
Worse stretching out the diseased limb.

Causticum.

Eruptions dry or humid.
Worse in dry weather.
Whole left side goes to sleep.
Chill, coldness chiefly on left side.
Distended veins of feet.

Causticum.

Warts disappear by suppuration.
Sour vomit.

Kali carbonicum.

Peevish, irritable, easily startled.
Damp weather aggravates.
Strong desire for sugar and acids
Dark hair, lax fiber, inclined to obesity; adapted to diseases of old people, dropsies and paralyses.
Bag-like swelling between upper lids and eyebrows.
Pains in the back characteristically sacral.

Lachesis.

Left-sided.
Light hair; muscles lax.
Pulse generally small, weak, irregular, sometime intermittent or trembling.
Loquacious.
Sexular desire too strong.
Worse from sun heat (sunstroke).
Better in dry, cold weather.
Worse in damp, warm air.
Suffering parts over-sensitive to touch, pressure, constriction.

Phosphorus.

Emaciation of hands and distension of the veins.
Diaphyseal diseases of bones.
Epilepsy with full consciousness.
Sanguine, choleric temperament.
Aggravated more frequently in wet than in dry weather.
Worse from bodily exertion.
Over-sensitive to pain.

Pulsatilla.

Changeable moods.
Bitter vomit.
Generally worse in bed.
Catamenia short.
Better in dry weather.
Worse in wet weather.
Better stretching out the diseased limb.

Rhus.

Eruptions generally humid.
Worse in wet weather.
Whole right side goes to sleep.
Coldness of right side predominates.
Distended veins of hands (Phos.).

Sepia.

Warts atrophy.
Bitter vomit.

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Worse when hungry.
Sensitiveness of internal parts.

Causticum.

Right side.
Painful ulcers.
Descending heat.
External chill with internal heat.
Menses too long.
Worse during new moon.
Better from warmth of bed.
Worse when hungry.
Worse looking upwards.
Worse in dry weather.
Better in wet weather.
Worse lying on right side.

Worse after good meal.
Sensitiveness of external parts.

Sulphur.

Left side.
Painless ulcers.
Ascending heat.
Internal chill with external heat.
Menses generally too short.
Worse during full moon.
Worse from warmth of bed.
Worse after a meal (Sepia).
Worse looking downwards.
Better in dry weather.
Worse in wet weather.
Worse lying on left side.

Climatology.

SOME RESORTS SUITABLE FOR CONSUMPTIVES.

BY S. S. KEHR, M. D., STERLING, ILL.

The State of California extends from 32 to 42 parallel of latitude. That portion north of the 35th parallel is damp and cold and has many fogs. South of 35th parallel the roses bloom during the whole year, and all kinds of fruits grow in abundance, making outdoor life possible twelve months in a year. Also has many fogs in summer and winter coming on in the night disappearing in the forenoon, but they do not extend into the interior.

The rainy season in this part of the State extends from November to April, with an average of fourteen inches. From May to November the rain fall is about one inch; during this time, near the coast, the air is well charged with moisture. The relative humidity of the air equals that of winter

Southern California has two climates, the coast and mountain or interior, the former has a moist and the latter a dry atmosphere.

In considering the climate of Southern California, for invalids, we must bear in mind this distinction, that the coast is cold and moist and the interior is hot and dry.

The changes in temperature along the coast during the twenty-four hours are very trying to the invalid. The atmosphere is comparatively dry during the hours of sunshine, but is always damp at night. Although the climate of Southern California is vastly better than that of the Atlantic Coast, affording many days of sunshine and opportunity for outdoor life in the mild, equable temperature, yet is not the most favorable climate for consumptives, especially along the coast.

Santa Barbara has been a favorite resort for invalids and pleasure seekers from the earliest settlement of the Pacific Coast. Many of its inhabitants think it the most desirable place of residence in the United States, if not in the world, because the temperature is about the same the year round, and the attractions are equally great in winter and summer. During the last ten years, according to official records, the thermometer has not gone above 80 degrees, more than twenty-three days in a year; it has passed the 90 mark but fourteen times, and the warmest night during that time it registered 67 degrees. The average velocity of the wind during that period has been 3½ miles an hour, and for the years 1903 and 1904 the average was 2 7-10 miles an hour. During the ten years, ending July 31, 1905, the highest velocity reached by the wind was 27 miles an hour.

Sierra Madre back from the ocean has been selected by the state board of health as the most favorable location for consumptives in the state.

Other cities in the interior are about equally well located; some of them are Riverside, Redlands, Wilson's Peak, Mount Harvard and Echo Mountain. Others on the table-lands are well situated and have good accommodations. It is said that the southeast side of the San Barnardino range is far the best locality in Southern California for cases where the lung tissue is breaking down.

East of the southern coast range are the great deserts, the Mohave, with an elevation of 2,000 feet above sea level; the Colorado desert, which is low in all parts and in some places depressed 300 feet below sea level..

At the north and east slopes of the mountains is the driest climate of all the mountain stations in the State owing to its close proximity to the desert

The States of Colorado, Utah, Arizona, and New Mexico, crossed by the Rocky Mountain system are the most salubrious climates for the tubercular subject in the world. They have in common the dry air, small amount of rain fall, sandy soil, large amount of sunshine every day, temperature hot in the deserts, especially in New Mexico and Arizona, but cools in the ascent in elevation. In the altitude there is a great deal of change in temperature between day and night. The thin air and cloudless sky renders the sun's rays exceeding hot in midday, but as soon as the sun sets towards the west the air becomes cool.

The dryness and rarity of the air make the sun's rays hotter and seemingly more penetrating than in lower altitudes. The atmosphere is always cool in the shade due to the very rapid dissipation of heat by reason of the rarity of the air.

Owing to the dryness of the air, and its small capacity for holding heat, there is thoughout the year a difference of from 40 to 60 degrees between the sun temperature and the air. These changes

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are more easily borne in the dry air than in the moist. Moisture in the air increases its powers of heat from the body in cold weather, while moisture, too, tends to retard or prevent perspiration in hot weather, since the damp air absorbs the moisture less rapidly exhaled from the body by the skin and lungs, hence both cold and heat are better endured in dry than in moist climates.

Colorado is situated between latitude 37° and 40° north; length from east to west, 380 miles; breadth from north to south, 280 miles; its area is 104,500 square miles, nearly twice the size of all New England.

The State has three natural divisions, the plains, the foot-hills, and the mountain range, including the park system. It is intersected north and south, near the center, by the Rocky Mountains, having about 200 peaks above 12,000 feet high. The chain at its broadest place is 120 miles wide, consisting of three parallel ranges.

The east one-third of the State is a series of valleys, crossel at the north by the south branch of the Platte River, and near the southern part by the Arkansas, several smaller streams in the eastern part of the State. The elevation from 3,000 to 7,500 feet.

The foot-hills comprise but a small part of the State. Elevation from 6,000 to 8,000 feet.

The mountains, including the park system, comprice about one-fourth part of the State.

The park system is the most remarkable physical characteristic of the State. They consist of irregular plateaus or basins shut in on all sides by lofty mountain ranges and have numerous hills or ridges and valleys; contain streams which form the head waters of the rivers of Colorado. The hills are covered by dense forests of pine. The valleys possess extremely rich soil and are covered with luxuriant grasses and flowering plants of many species.

The four principal parks are North Park, Middle Park, South Park, and San Luis Park.

North Park has an area of about 2,500 square miles; elevation, nearly 9,000 feet; contains the head waters of the North Fork of the Platte.

To the South is Middle Park, separated from North Park by mountain spurs; area, 3,000 square miles. Near the south border are the hot sulphur springs, whose medicinal qualities attract many invalids and tourists.

South of Middle Park and little to the east is South Park; area, 2,200 square miles. Excellent for agriculture and grass lands. Average elevation 9,000 feet. Its streams are tributary to the South Platte.

San Luis Park, area in size of the other three combined, lies to the south of South Park from which it is separated by the main range. Its highest elevation is 7,000 feet, which is in the southern part The climate is mild, making it adapted to agriculture. It is watered by the Rio Grande and its tributaries, which flow in a southerly direction, and afford abundant water for irrigation and water power.

West of the main range other smaller parks present similar features.

The different elevations of the surface of the State give the varied climate of Colorado. In the lower valleys the climate is almost semi-tropical, where delicious peaches, grapes and similar fruits are profitably grown. On the mountain peaks is perpetual snow with scant alpine vegetation peeping forth in summer beside the drift.

Between these two extremes are climates of all degrees of temperature. Different places of the same altitude, depending upon the trend of the valley and exposure to the winds, vary in temperature.

Three things are common to Colorado, all over the State, except in the highest altitude—blue sky, sunshine and dry air. In midwinter there are many days that one can sit in comfort sheltered from the wind, in the sunshine. It is very seldom that a fog or dew is seen in the morning in Colorado.

The plains along the eastern foot-hills and the foot-hills is the region where the tourist and invalid is most likely to go, and the place where he is most likely to remain the longest.

The sun shines about sixty hours out of every one hundred in which it is above the horizon. In Philadelphia the ratio is forty-nine. The difference is still greater in winter. In Colorado from December to March there is 56 per cent. of all possible sunshine. In Philadelphia it is but 37. In ten years there were in Colorado on an average in each year 314 clear or partly clear days. During this same period in Chicago there were only 252. In New York, 262. There are no high mountains, as in so many high altitude resorts, to obstruct the early sun. In Davos, Switzerland, the sun in January, does not rise till 10:00 A. M., and sets at 3 P. M. Sunshine of only five hours. In the eastern foot-hills of Colorado, the sun rises in midwinter at 7:30 A. M., and sets at 4:30 P. M., nine hours of sunshine.

Cloudy days do not bring the damp and rawness of the Eastern Middle States, making it possible for invalids to be out of doors.

The Colorado sunshine is seemingly hotter, more penetrating than in lower altitude. It will dry the soil soften the atmosphere in much less time than will the sunshine that will have to pentrate the damp and heavy atmosphere of the east.

Capt. Glassford says: "The dryness of the air of this great tableland, and the consequent rapidity of evaporation, must be kept in mind in considering the temperature of Colorado that one may form an accurate understanding of the climate as one feels it. The average July temperature of Denver is 72.1°. The sensible temperature reduced to eastern terms is 57°. The Denver summer corresponds in feeling to that of Manitoba, Thousand Islands, Adirondacks and White Mountain." In comparing climate, he says: "When the heat in Boston, New York, Washington, St. Louis and Chicago is above 100 degrees, it is simply unbearable; while the recorded temperature at Denver is attended with little discomfort. Why? Because in the East moisture is present to a very considerable extent in the atmosphere, while in the West it is almost absent."

The wind is not excessive in the thickly populated part of the State. Denver's average daily wind velocity is less than that of New York, Philadelphia or Chicago. There is a constant movement

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of air, although often gentle at all high places. Absence of dust is difficult to secure at a high altitude, unless in summer when the ground is moist by showers and in winter covered by snow.

Seasons of the Year.

March and some years April are the most disagreeable months of the year. During March, especially the latter part of the month and the early part of April, snow storms are quite common, but they disappear very quickly, under the heat of the sun. The temperature for these months seldom drops below 25 degrees. Many seasons before the close of March the warm sunshine has started the grass and buds on the trees have begun to swell. April is a growing month. The plains and valleys in the foot-hills are unusually at their greenest in May. The mean maximum temperature of May is about 68 degrees. The rain fall for the three spring months in Denver is about five inches.

June and July are quite frequently months of showers. It is not uncommon to have a shower every afternoon. Usually more severe in the high altitudes. They lay the dust and cool the atmosphere, but do not interfere with regular work or outdoor pleasure, as they are of short duration. Rain fall during these months is about three inches. August is usually not as warm as the preceding months, and much less rain. The mean maximum temperature of June is about 75 degrees, and July 86 degrees.

The average midday temperature for September is 72 degrees; October, 64 degrees, and November, 41 degrees. Sometimes there is quite considerable rain fall during these three months. In the high elevation the nights get quite cool in September. Ice forms in October. The autumn in Colorado is the most delightful part of the year. Scarcely a cloud in the sky from day to day; a brilliant sun; seldom a high wind; ground day; air very bracing.

The delightful autumn weather extends into December, sometimes to the first of January. During each winter there are several periods of from three to fourteen days of cold weather, often preceded by a snow storm or high winds. If the thermometer shows below zero the cold weather is not felt anything like a similar temperature in a damp climate. The sun is more often clouded in the winter months than in any other part of the year. Winter sun is warm and invigorating. There are not many days during the winter that an individual in ordinary health can not remain out of doors during the middle of the day.

Resorts.

The numerous railroads will carry one to within a few hours, or a few days' journey by horse or wagon to any part of the State. Ranches, farm settlements, mining camps and summer resorts are scattered throughout the mountains where accommodations may be had. The summer may be spent camping in tents either in the foot-hills or in the mountains. In the small towns, ranches, in the foot-hills and up the canons within a short distance of Denver, where many of the Denver medical men place their patients. About twelve miles from Denver in Bear Creek Canon is Stewart's ranch, elevation about 7,000 feet; Longmont, elevation 5,000 feet, forty miles from Denver, is a small town with excellent water; Boulder, elevation 5,400 feet, twenty-nine miles from Denver, is a beautiful town, at the mouth of the romantic Boulder Canon. It has the State University, good accommodations, with excursion up the valley to points of much interest. Greeley and Ft. Collins, sixty miles north of Denver, elevation lower than the other places mentioned; these are excellent for invalids. These towns are located in the best farming section in the State. Idaho Springs, elevation 7,800 feet, in the Clear Creek Canon. It stands in a plateau well sheltered by mountains, having remarkable saline and ferruginous springs, used for baths and drinking. It is about twenty-five miles west of Denver and connected by rail.

In the Platte Canon, from sixteen to fifty miles, connected with Denver by railroad, are very popular outing places for the summer; they are Morrison, Deansbury, Buffalo Park, Pine Grove, Bailey's Cliff and Cassells Good boarding houses and hotels at moderate rates, are to be found at each of them. Near these resorts the fishing and hunting are excellent.

One should not go to one of these resorts before June 1st, ordinarily, nor remain out longer than September 15th.

Near Denver there are many farm houses where one may obtain good accommodations.

The resident part of Denver, especially that part at or near the city limits, is well adapted for consumptives. Any part of the city can be reached within a few blocks by street cars. For the benefit of humanity a great deal is being done, but a great more should be done.

Denver has several sanitariums well equipped to assist nature to fight the great white plague, and patients all sleep in the open air, no matter how cold it is.

These sanitariums are always filled, and thousands of applications have to be turned away because of the lack of room to accommodate them. It has been demonstrated that the pure, dry air of Colorado and adjoining States is a specific which never fails to cure that dreaded disease, tuberculosis, when taken in time. There is no use for chronic consumptives to make the change. Their lives may only be prolonged a few months, and in many the disease is hurried along more rapidly than if he remained in a low altitude.

"The Home," in the north part of Denver, was built about eight years ago for consumptives with incipient form, or first stage, those that do not need any attention or are able to attend to business. Everything in and about the place is in the most sanitary condition. Any patient or inmate discovered expectorating on the floor is immediately expelled from the building. The building is the most modern in form, with all conveniences desired. Accommodates from seventy-five to one hundred people; one side of the building is for males and the other for females. The building is always filled to its full capacity.

The demand for admittance of invalids with the disease in the second or third stages was so great that an annex was built about six years ago, which is now occupied by such that need nursing and

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medical attention. This building is as modern as can be built, and the sanitary conditions kept in perfect condition.

The National Jewish Hospital, a home for consumptives, is east of the city, is beautifully located, twenty minutes from the heart of the city by trolley, and only three blocks from the City Park, with a panorama of some of the most beautiful mountain scenery in the world.

Patients of all races and religions are received without cost. It is supported by a per capita tax of forty cents per year upon the members of the Council of Jewish Women, the Free Sons of Israel and other Jewish orders, also by subscriptions from Jews in large cities, in small and large sums.

Only those cases which show promise of cure are admitted; if a patient has remained in the hospital six months without showing any signs of recovery, he is sent back to his home. If there is a marked improvement during this time, he is allowed to remain another six months. No medicine is used. Air and sunshine are the only remedies, with a forced diet of milk, raw eggs and other nutritious food several times a day. Its success has been phenomenal in relieving many of these poor sufferers, and pitiful appeals are coming from thousands of others.

The Agnes Memorial Sanitarium was recently erected by L. C. Phipps, formerly of Pittsburg, in memory of his mother, Mrs. Agnes Phipps, who died of tuberculosis. Mr. Phipps is a new resident of Denver, a man of very large fortune, made in the Carnegie Steel Company. This place is located east of Denver, on a dry, sandy soil, at an altitude of over 5,000 feet, within easy reach by trolley cars from the city, and offers a most magnificent view of the Rocky Mountains from Pike's Peak to Long's Peak, a distance of about one hundred and fifty miles. Upon the site purchased by Mr. Phipps, he has erected five buildings of two stories, of old Spanish mission style of architecture, so located that the sun can reach every room at some time of the day. He spent $250,000 on the buildings, $50,000 for furnishings, and made an endowment of $300,000, which he placed in the hands of seven business men of Denver as trustees. The sanitarium has one general medical director.

The institution was opened July 2, 1904, and every room has been full ever since, with a large waiting list of applicants. The accommodations have been increased by the erection of a tent village upon the sanitarium grounds. The institution is free to everybody whose physical condition gives promise of a cure within a reasonable time. Incurables are not admitted. Patients are not allowed to remain more than six months unless there is a decided improvement. The purpose of the institution is to give relief to persons of small means; no one will be received that can afford to go elsewhere. The charges are from $7 to $10 a week, which covers everything except laundry work and medicine.

The open air treatment is practiced. Everybody sleeps out of doors, no matter how cold. Each room has a porch out from the window, and so arranged that the bed can be run out, where the patient sleeps in the open air and the sky as a canopy.

The Y. M. C. A. health farm, another equally worthy institution, about two miles outside of the western limits of Denver, near the foot-hills of the Rockies.

The health farm grew out of a suggestion made in an edition of the Topeka Capital, edited by Rev. Mr. Sheldon, two years ago last spring. Mr. and Mrs. David Brothers gave the fruit farm of thirty-four acres, with about 2,000 fruit trees, now bearing, and several acres of berries, and a fine garden under irrigation. The farmhouse is used for a kitchen and dining-room. Forty-five tents have been furnished and fitted up by the local Associations of Chicago, Washington, Cleveland, Pittsburg, Detroit and others. The Pennsylvania Railroad Y. M. C. A. furnished five tents for the use of its members, and several individuals and corporations have made similar contributions. The farm accommodates, as it is furnished, about fifty young men, at an expense of about twenty-five dollars per month each, which most of them are trying to work out by labor upon the farm. They come from all parts of the country. The treatment is the same as elsewhere, plenty of nourishing food, and both days and nights spent in the pure, open air.

Between Denver and Colorado Springs are a number of excellent resorts, villages, ranches and camping places, especially at Palmer Lake and vicinity, fifty miles south of Denver. Elevation, 7,000 feet, being the division between the Platte and its tributaries and the Arkansas rivers.

Colorado Springs, seventy-five miles south of Denver, and the third largest city in the State, 32,000 inhabitants. Six miles from the foot of Pike's Peak; elevation, 6,000 feet. Colorado College is located there, an excellent institution of learning; State Home for the Blind and Deaf, the Printers' Consumptive Home. The Nordrach Ranch was established 1901, about two miles north of the town, by Dr. John E. White. It consists of a central building and tents, called tent colony. The treatment is the open air. Colorado Springs has no manufactories. It has many resorts of great interest.

Manitou, at the foot of Pike's Peak, six miles from Colorado Springs, and connected with it by both steam and street cars, and about thirty miles from Cripple Crek. Here are located the mineral springs, soda and iron, strongly charged with carbonic acid. The town is sheltered from the winds. It is visited by more tourists than any resort or city in the State.

Pueblo.

The Pittsburg of the West. Has immense manufactories. Elevation, 4,700 feet. It is situated on the Arkansas River. The weather is hot in summer and mild in winter. The heat, adobe soil and the high wind render the summer less agreeable than the winter.

There are many resorts in the southern part of the State, in the mountains, and across the range on the western slope.

If time would permit a similar outline and de-

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scription of each of the States and Territories crossed by the Rocky Mountain system could be given as of Colorado.

Let it suffice that Utah is in the latitude as Colorado. Therefore, the climate and other conditions are similar. New Mexico lies south of Colorado. consequently warmer, offers the most favorable climate for the consumptive in the Rocky Mountain region, especially for winter. But it does not have the accommodation as does Colorado. Outside of the large towns, which are but few, the invalid does not find the comforts of life. Nor are the soil, the water supply and the sanitation as good as in other localities. The weather in winter and the early spring months is much better for the consumptive than the States north.

The Hot Springs, about six miles from Las Vegas, have been famous for their medical qualities for many generations, and have made the city, with its pure, stimulating atmosphere and perpetual sunshine, a health resort for many years. Its elevation is from 5,000 to 7,000 feet, giving invalids the benefit of the elevation best suited to their needs.

A plan was advocated at the fraternal conventions at the St. Louis Exposition, and a committee was appointed to select a location for a sanitarium, as a home for the tubercular members of the different orders.

The committee visited several localities in Colorado, New Mexico and Texas, received offers in the way of lands and money. That of Las Vegas was the most generous and the locality the most desirable.

The citizens of Las Vegas and the Santa Fe Railroad Company made the donations, upon the condition that a tuberculosis sanitarium shall be established and permanently maintained here. If the plan should be abandoned or the property used for other purposes, it is to revert to the original owners.

The plant consists of about fifteen square miles of land; much is under cultivation, and about six miles from Las Vegas, including the noted Springs.

The gift of the Santa Fe Railroad Company consists of 1,000 acres of land, which, with its improvements, is valued at $1.000,000. The imprevements consist of the much advertised Montezuma Hotel, entirely modern, built of stone and brick, four stories high, with 350 rooms, erected by the railroad company, at a cost of $500,000. Adjoining it is a smaller hotel, built of stone, with about forty rooms. Also a complete bath house and swimming pool, hospital, a club house, an electric light and steam heating plant, a livery stable and cattle barn, a chicken ranch, a large garden, a well equipped dairy farm, tennis courts, golf links, base ball grounds, croquet grounds, a theatre with stage and scenery, and various other amusements and comforts, which are indispensable in giving diversion to the victims of tuberculosis. There are many picturesque drives and walks about the place. Many points of interest can be reached by trolley. It would be very difficult to find a place with so many of the essentials for a sanitarium

The citizens donated 10,000 acres of land adjoining the railroad property.

On these lands and in the neighborhood of the buildings will be erected tents of the most improved patterns. The city of tents will accommodate about 5,000 people, and is now being laid out by Col. F. H. Buzzacott, of the United States Army, a sanitary engineer. The tents will be of different sizes, some of them large enough to accommodate a family, and smaller ones for individuals. "The outdoor cure" will be applied, except in delicate cases.

The first of October, 1905, a number of the tents will be ready to be occupied, and the institution be opened formally on that date. The work about the place will be done by the patients, and as the disease attacks all trades and classes there will be patients for the different kinds of work about the place.

The effect of the sanitarium is to check and eliminate the great white plague, so far as possible, from among the members of the benevolent organizations, in a climate that is favorable to a cure of the disease, furnish houses and employment for the consumptive of small means, and where the destitute with tuberculosis may be cured at a minimum cost, and restore to health as many as possible who cannot be cured at their homes.

Sixty-three mutual benefit societies and benevolent organizations are participants, and represent a membership of 5,500,000.

Since 1903, at Fort Baynard, about 200 miles south of this place, the United States Government has had an outdoor hospital for tubercular victims in the army, navy and marine corps The treatment is purely climatic and dietary. The patients live in camps, under strict supervision. They eat eggs and drink milk, every two hours, and are kept in bed twelve hours every day, and are required to take a certain amount of exercise, according to their condition. The results have been remarkably successful.

Arizona has two climates, the west is influenced by the Pacific, and the east by the Rocky Mountains. The southwest has elevation of less than 3,000 feet.

The territory has but few towns where the invalid can find the comforts of life. Phœnix is a town of 12,000 inhabitants; altitude of 1,100 feet; especially well located for invalids who need a dry, mild winter climate, but can not bear the high elevation. There are many days of sunshine and but very little wind.

Tucson, elevation, 2,400 feet, population, 6,000; closely resembles Phœnix in climate, but its accommodations are far inferior.

Prescott, elevation, 5,300; population, 3,500; situated near the center of the territory, midway between the torrid and temperate zones of the territory. Elevation the same as of Denver, but is colder in winter and warmer in summer. Hotel accommodations are not good. Yuma, in the great Arizona Desert, on the Colorado River, fifty miles from the Gulf of California; elevation, 140 feet; is an excellent location if the invalid seeks sunshine and heat. There are but twenty-one cloudy days in the year. The mercury goes above 90° 163 days in the year, and below 42° about six times.

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Addresses.

CINCINNATI HOMŒOPATHIC LYCEUM 1905-1906.

President's Address, Pulte College, October 25, 1905.

Medical Examination and Registration Laws.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

Action and reaction are opposite and equal. We are an impulsive people.

A few years ago some one wise in his generation arose. The medical profession was smiling hopefully into the slough of ignorance and likewise disrepute.

It needs must raise itself by the boot straps to a higher and more exalted ground.

So far, so good. The gentleman was in the main perhaps right. Now came action, strong and vigorous. The reaction is yet to come. Enthusiasm has carried us too far.

The public that spends more money on barefaced quackery and patent medicines than on legitimate practitioners needs must be protected, but we have placed the tariff too high.

The laws are almost a hopeless jangle, each State has set up different standards, until the poor student is driven from pillow to post.

No one will deny that there was a need of fewer and better doctors, and for fewer and better college, but a small amount of reason at least should be used. Cutting off a calf's head, tail and legs will cure him of lice, but it is a hardship for the calf, likewise the lice, for it deprives the calf of the joys of life and the lice of a good feeding ground.

In what is said, I do not mean that I am opposed to higher education, but I insist upon the "square deal" for the poor as well as the rich boy. Many and many a boy has in the past entered college to study a profession without having had a preliminary college education, and made his name immortal, and he can do it again if given the chance.

Let us look at the situation. A boy wants to enter a medical college. The registrar refers him to the board. He is asked for credentials in the shape of a high school or college diploma. It is carefully studied to see if the i's are all dotted and t's crossed. If satisfactory, then a list is produced, and behold, the school is not listed as an accredited one, not having, I suppose, turned out the requisite number of national league base ball pitchers, tennis experts or foot ball heroes. So the young man is told he must go before the board for examination. He does so; fails by 1-99 per cent. in "Pennsylvania Dutch," and is promptly turned down. The ambitious poor boy with a thorough rock-bed education in fundamental facts, stands no show at all.

Suppose a boy succeeds meeting the requirements. He must attend college four years at great expense, pay a college examination fee, undergo a long nerve-racking examination. If he succeeds he is then given a diploma by the college and State, which only means he is granted the privilege of again going before the State board. He must wait a long time after college closes for the board to convene, pay his expenses, pay a stiff fee, undergo another long nerve-testing examination, wait several weeks to hear from the board. If he pases then he may set up shop in his own State. Should he want to locate in another State, he must undergo the same ordeal before their board, and incidentally pay his expenses and another fee.

Some one says, "It's all right," the medical profession has been elevated and the public protected. Is that so? Well, there are just as many fakes and patented cure-alls to-day as ever before, and many an honest boy has been denied a profession.

Will any profession be made stronger by the addition to its ranqks of only collegians? Are they alone capable? The history of this country is a living refutation of this claim. The roster of leaders in every business and profession bristles with the names of men who never knew the inside of a college, but did know the meaning of ambition, honesty and work.

Wouldn't I give every boy a college education. Certainly I would. Well, then, why don't I insist upon it? Simply because there are thousands and thousands of boys in this country who simply can not afford to spend a long term of years and a fortune in college, and yet would make honored names for themselves in a profession if given a chance, and I for one do not believe in robbing them of the chance.

This country stands to-day where she does simply because she has drawn largely upon her virgin fields and forests for brain and brawn, and may the day be long delayed when she feels that she can outlaw the boy of the fields.

Think of Washington, of Jackson, taught, I am told, to read and write after he was married; of Abraham Lincoln, whose statesmanship and oratory will live so long as does man. These are not isolated cases. Their names are legion.

If the preliminary examination told absolutely the fitness and future possibilities of a boy, then it were a just law; but it does not. Simply because a boy has a diploma is no sign of what he will do or be later on.

Unfortunately, many a boy of to-day, reared in luxury, goes through college aided by a purse that has no puckering string, and emerges arrayed in the latest abortion, in the shape of clothes and mannerisms, and so full of cigarette smoke that he can blow it out of his nose after his part of a night's sleep. He apparently has no respect for himself, his mother, his father, God, man or the devil.

Remember now, I am not opposed to a college education, and I do not say all college graduates are reprobates, for they are not. The great mapority of them become worthy and honored men, but I do want to drive home the idea that a college diploma is not a criterion by which to judge a boy's future or his fitness to enter a profession. Likewise the lack of a diploma is no criterion.

Honesty, a clear brain, hard common sense, ambition and a desire to work, is worth more in one boy than enough titles and diplomas to make one stoop-shouldered in the carrying in another. Some fellows might be given enough degrees to consume three-fourths of the alphabet, and beside have the Honorable A. S. S. tacked to his name, and still only come to the estate of the German's calf, which

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drew sustenance from two maternal founts, "He vas yoost a common stheer."

Go to the metropolis of this country to-day. Inquire of the banks, railroads, the ministry, law and medicine, and you will find a large proportion of the great and honored names are men who came from farm and village with only a common school education. I can see the boy, conscious of his awkwardness, his coarse, hardened hands and lack of polish, after long, hard years of patient toil, consumed by a burning ambition to rise to higher things in the face of discouragements. He is ready to leave the old roof tree. The father's and mother's hearts are full of emotion. They have toiled early and late, pinched, saved and denied themselves to aid their son in his ambitions. Now the parting of the ways has come. There is joy in their hopes of him and sorrow at his leaving. The father can scarce keep back the tears, the mother can't. With streaming eyes she stands under the old porch, watching until he disappears down the country road. This is one of the boys that has later filled the presidential chair of the United States, and written his name among the immortal great of the world.

It is for this boy I plead. The boy from the stony knobs of New England, from the prairies and sierras of the West, from the pineries of the North, and from the cotton and tobacco fields of the South.

I say it is wrong to him and it is wrong to this country to set up a barrier of law to his advancement. It is non-American, it is not fair, it is not square.

1004 McMillan Street.

THE PRESIDENT'S ANNUAL ADDRESS BEFORE THE OBSTETRICAL SOCIETY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

BY D. A. FOOTE, A. M., M. D., OMAHA, NEB.

By the courteous command of our "Royal" President, the Obstetrical Society appears before you to-day in the initial meeting of its third annual session.

To-day the entire Institute honors its Obstetrical Society by being its guest, and in behalf of our Society, I give you a most hearty greeting, and extend to you, for the hour, all the privileges of active fellowship and honorary membership in our Society.

It is earnestly desired that you give to this young sectional Society your hearty co-operation, and honor its membership roll with the evidence of your interest in this, the greatest of all specialties, the one that teaches and cherishes the art of being well born. This art is fundamental. Take away from the field of practice the science and art of obstetricy, and it would be but a few decades before race suicide would be an accomplished fact, and our doctors would doubtless become rapacious baristers quarreling over the legacies of countless estates unincumbered and unprotected by legitimate heirs.

A brief review of the field for the past few months brings out no startling change in modern obstetrical thought of practice. Undoubtedly the most satisfactory advances have been made in operative obstetrics, especially in Cæsarian section. The mortality from this operation has been wonderfully reduced. In one series of 162 cases the maternal deaths were but 3.8 per cent. In other series of greatest excellence the average mortality was from 6 to 8 per cent. The fœtal mortality is still lower. But a few years ago the maternal mortality was between 40 and 50 per cent.

The conservative operation is growing in favor, and in the hands of the careful and well equipped obstetrician the indications for hysterectomy will be restricted to a very small percentage of cases.

In a repetition of Cæsarian section in the same patient sterilization by a resection of the tubes is defended by our best authorities.

Pubiotomy and symphyseotomy are giving place to the perfected Cæsarian section, vaginal Cæsarian section for eclampsia, severe cases of accidental hæmorrhage, where the cervix is closed, or other causes not due to maternal or fœtal disproportions is coming into favor. Being extra-peritoneal under strict asepsis it has a very favorable mortality.

Hysterectomy for puerperal infection has no standing, its mortality being upward of 76 per cent. A thorough cleansing of the uterine cavity with a dull curette and intra-uterine douches finds more general acceptance for this formidable accident. In the majority of cases the infection is due to streptococcus invasion and anti-streptococcus serum is finding favor in doses ranging from 5 to 20 c. c.

Prevention of puerperal fever by an inflexible aseptic technique seems possible. Dorfler, of Munich, reports 543 cases of labor without a single case of sepsis and without a death. Personally, I know of a larger number of cases with equally perfect results, and I am credibly informed that there are scores of obstetricians in the homœopathic school with an experience equally as satisfactory.

Perforation of the living child as an aid to labor finds less excuse since the mortality of Cæsarian section has been reduced to so low a figure. If labor has not been prolonged beyond the point of endurance necessary for an abdominal section an effort to save both mother and child is justifiable. Craniotomy shows a maternal mortality of 11.5 per cent., which is considerably greater than that of Cæsarian section.

Ventral fixation has been banished from the field of operative measures for uterine displacement during the child-bearing period

Ventro-suspension must fight for its place. Autoplastic suspension seems deserving of consideration.

Hydra-headed eclampsia is still the fate of theories. It will be discussed fully in extended papers to-day upon our program.

The hypodermic use of ergot as a prophylactic has been given a new impetus by Prusmann, of Munich. He reports 293 forcep deliveries with but three cases of active hæmorrhage, and 102 plural births with but one case of atonic bleeding. He uses a 15 per cent. aqueous solution of ergotin with

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five or six drops of carbolic acid added. Of this mixture he injects two to four c. c. in the gluteal region.

The fact that from 60 to 80 per cent. of American mothers cannot nurse their children, or have an insufficient amount of milk, is the cause of much alarm, and I am glad to note that one of our colleagues will enlighten us upon this subject during this session.

Criminal abortion continues to grow in practice and mortality. Induced abortion has a mortality of from 50 to 65 per cent., taking no account of the helpless victim whose life is so ruthlessly and shamelessly destroyed.

It is time that our profession awakened to its duty and privilege and began a crusade against this slaughter of unborn babes. It is possible to make it a most infrequent crime. The laws of our country are explicit and drastic, but are evaded by selfish and vicious criminals in all walks of life. These persons are aided and abetted by knaves who pose as doctors, and yet would strike down helpless innocence for a price. There are other particeps criminis in this nefarious work, the otherwise honest physician who is called in to protect guilt from the results of its own baseness. He gives his services to save the wretched living, disposes of the fœtal dead, and wraps about them all a guilty silence that encourages crime and robs justice, the law and the nation.

Publicity Will Cure This Evil.

A concerted movement should be inaugurated to free the physician from participation in secret abortions. Let them be reported to our boards of health as faithfully as are other vital statistics, giving the cause of the lapsus uteri, the age of the unborn child, and the disposition of the same, as becomes a civilized and enlightened people.

Is the life of an unborn child of so little account that it can be murdered, mutilated and utterly destroyed, and our profession keep guilty silence? If all reputable physicians will let it be known that whenever the crime of abortion occurs it will be publicly and adequately punished, the occasion will be extremely rare. It is the silence or the co-operation of medical men that gives strength to the purpose of this class of criminals.

Doctors of medicine and surgery have realized fully their responsibility in practical obstetrics that conserves, comforts and protects the mother and her babe, the jewel of our hopes, the eternal emblem of purity and untarnished love. Who can enter the chamber dedicated to motherhood with its vicarious bounties of surpassing love, and to the eternal renewal of that greatest of all mysteries, human life, and not feel his better nature earnestly and actively enlisted. He cannot faithfully perform his onerous task without being a better man.

He never feels more satisfied with his work than when he looks back, as he turns to other duties, and see mother and babe reposing in safety after a storm that has tried both pilot and ship.

A double responsibility demands a corresponding preparation. And so to-day the obstetrician can issue a challenge to his brother specialists. His art is all but perfect. It is the perfection of our art to restore natural conditions, to put woman upon the highway of health with her face towards a physical Eden. An obstetrical prophylaxis which will restore and reassure a normal motherhood is of far greater importance than any daring hazard of brilliant surgical achievement that snatches life from some monstrous and appalling obstetrical emergency.

So the obstetrician lays hold upon all the agencies that go to develop and perfect a true, symmetrical and beautiful womanhood.

We are glad to note a return to physical culture for young ladies as evidenced in the various curricula of our American high schools, academies and collegies. It promises well for the establishment of a new aristocracy in this great Republic, an aristocracy that will claim for its glory bluer and purer blood than ever flowed through the veins of a prince or king, an aristocracy that bequeaths to its posterity an inheritance more glorious than any royal castles or plethoric fields. This is the aristocracy of health, the emblem of which shall be the erect and manly figure, the bright eye, the strong arm, the clear and untarnished complexion, the bloom of pure blood, the fair blossom of temperance, the reflection of a pure and enlightened mind.

Then strength, symmetry and beauty incarnated in the youth of our land shall give to America such opportunities for genius, as the world has never yet seen.

President Roosevelt is right, and his homely precepts most wholesome. The home is the bulwark of our nation. The physician finds his highest mission in safeguarding every interest of the wife and mother. The obstetrician is the protector of motherhood, the emancipator of womanhood. His art can banish pain, and bring joy to a million homes now desolate and childless, becauuse of needless fears and unnatural conditions.

There is not a more potent moral influence at work to-day than a practical demonstration of sane, safe and scientific obstetrics. Take from woman the terrors of child-bearing and you restore to her the comforts and safeguards of home, the inspirations of motherhood, banquetting her ears with the heavenly voices of healthy and innocent childhood, and giving to the nation pledges of perpetuity in unconquerable sons and daughters.

We must lift high and keep full advanced the standards of obstetrical achievements, and so encourage a fruitful and wholesome motherhood. Nor must we be content to spend our energies only upon the problems of a complicated and vicious perversion of nature. We must go back to first causes and seek through the realms of sanitary science, dietetics, hygiene and heredity to forestall the accidents, weaknesses and failures of the child-bearing period of woman's life. We must give to it strength, confidence and contentment. This is the high privilege of the modern physician and surgeon to woman.

There is scarcely a department in medicine and surgery that does not lay claim to the attention and mastery of the modern obstetrician. In the preparation for motherhood the family physician,

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who, ex-officio, should be an obstetrician par excellence, brings to his patient every aid that his knowledge and art can devise to build up a wholesome and healthful condition. Errors in diet, dress and various bad habits are corrected, and so most frequently pregnancy brings about the physical salvation of women, and establishes a regime and system of care taking of her health that becomes a fixed and most salutary habit.

When a physician assumes the responsibility for the life and well-being of an expectant mother and her babe, he must be prepared for emergencies that will try every resource of his mind, body and heart.

The modern obstetrician must be an expert gynecic surgeon. By what he lacks in his knowledge and skill in this special field of surgery is he judged as below the standard of a safe and up-to-date accoucheur.

Our students to-day are far in advance of the position occupied by doctors and midwives of a few decades ago. Out of the centuries of ignorance, confusion and dirt has emerged a science of obstetrics that is well-nigh the perfection of art, and the complete safeguard of motherhood.

To-day we are able to say to our timid primipara, our skeptical or terrorized multipara, or our ill-fated or guilty nullipara, that we are masters of all obstetrical emergencies, and that, therefore, womanhood has no arguments, excuses or barricades borrowed or forced upon her by a vicious distortion of natural laws to keep her out of the holy realms of home and motherhood.

For it is a fact most patent, potent and deplorable that child-bearing to-day is the great bug-bear of American womanhood, and too frequently such fears have a substantial basis in the baneful possibilities of a careless and ignorant obstetrical technique. It takes a high order of courage to brave the deadly perils of a meddlesome, inadequate and dirty midwifery. Thank heaven such perils are fast disappearing.

There are social questions that hamper and harass the family physician and faithful obstetrician in bringing about a safe, natural and orderly succession of physiological events. They will always be present as long as selfishness, greed, pride and ruthless ambition find lodgment in human hearts. As long as animalism unrestrained goes hand in hand with secret crime or vicious inventions for thwarting natural laws, desecrate and debauch the holy vows and sacred altars of marital life, so long must our profession preach righteousness and morality, as well as practice surgical cleanliness and the arts of healing.

But let us now look at the bright side of our subject. To-day the modern obstetrician can affirm most positively that his resources are equal to any emergency or complication that can come before him in the field of obstetrics. True, there are some questions of pathology that are not solved. And there is that old hobgoblin of eclampsia which does not stay put away, but its days are numbered. We feel sure that it is a poisoning amenable to treatment for prevention, and that its prophylaxis is all but settled by a proper dietary rigorously and universally prescribed for all parous cases.

Gynecic surgery has triumphed over tubal and extra-uterine gestation, and in the perfect control of hæmorrhages. Pelvimetry and Cæsarian section have all but banished fœtal executioners and conserved the welfare of the mother as well as the child.

The disposition of many of our best gynecic surgeons to deny to women in the lying-in room the benefit of their skill by refusing to take obstetrical cases is to my mind an evasion of the duties and responsibilities of their broad and self-immolating profession. To attempt to cheapen obstetrical practice is most reprehensible alike for the doctor and patient.

Adequate appreciation of the up-to-date accoucheur will not only pay the best for the occasion, but will prevent future needless reprisals and educate the laity for such gynecic surgical emergencies as must inevitably overtake a large number in tumors, tuberculosis, cancer and various infections and accidents.

I would lay upon the heart and conscience of every gynecic surgeon the high claims of the mother and her babe. I would shame him if he repudiates this claim, and then seeks to profit by the mistakes and bungling of inefficient midwives, or self-promoted and deadly tinkers of midwifery. It is cowardly, selfish and inexcusable for a class of surgeons to criticise, deplore and Pharisaically wash their hands of obstetrical accidents which in later months accrue greatly to their profit, and yet they will not so much as lift a finger in a practical demonstation of their prophylactic skill. If they are to profit in the repair of accidents, let them get into the toil and moil of woman's hour of pain and need.

I insist that the modern obstetrician should be the most skilled of gynecic surgeons, and that he should not evade any of his responsibilities. Give to the mother that careful, patient, unselfish attention that is her due. A division of labor here is not to the interest of the mother and her child. There must be present in the person of the obstetrician surgical skill of the highest order. The emergencies that come to him require the most perfect exhibition of surgical technique combined with a rare judgment that is unhesitating and accurate

The incidents of childbirth are all surgical and must of necessity be under the supervision of a surgeon's eye. The mechanical details, the maternal and fœtal proportions, the natural or unnatural obstacles, the vis-a-tergo and the fœtal inertia, the bright flow of the crimson tide that bears upon its crest a priceless soul—a new world power, all give to the master of the occasion such intense interest and satisfaction as is not found elsewhere in the practice of medicine.

Let our obstetricians be our gynecic surgeons. It is safe to say that such a combination would be most wholesome in safeguarding the interests of our patients, and it would be difficult for the gynæcologist who repudiates his obstetrical responsibilities to successfully compete with a safe and comforting obstetricy in the hands of a practical gynecic surgeon.

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Such a combination, if possible, is surely demanded, and is being achieved.

My gynæcological friend, come over into our Society or be lost forever. We are going to boycott you. We are not going to give you any perineorrhaphies or trachellorrhaphies. We are going to attend to these little affairs ourselves in a primary operation. Cæsarian section, abdominal and vaginal, and celiotomies for tubal pregnancy, etc., will establish our skill and fame, so that the lesser operations for various gynecic tumors, cysts, and infected tubes will naturally be easy for use. Your only salvation is to enroll yourselves with us, and become true Knights of Labor.

Societies.

ALUMNI ASSOCIATION FLOWER HOSPITAL.

The third annual banquet of the Alumni Association of the internes of Flower Hospital was held on the evening of Tuesday, November 21, 1905, at the Hotel St. Denis, 11th street and Broadway, New York City.

The following men were elected to membership: W. E. Delebarre, of New York City; J. H. J. Lerrigo, of the Philippine Islands; A. C. Wilkes, of Newark, N. J.; E. W. Kellogg, of Montana; L. R. Kaufman, G. H. Taylor, L. F. Cacheu, of New York, and F. E. Smith, of Brooklyn.

The offcers for next year are as follows: President, Dr. Walter Gray Crump; Vice-President, Dr. P. D. Riordan; Secretary-Treasurer, Dr. James D. Miller, 67 W. 12th street.

With an appetite whetted by the prospect of good times ahead, the members enjoyed the ample repast spread before them by the boniface of the St. Denis. Neapolitan Troubadours discoursed delightful and inspiring music during the dinner. The grand march, with our worthy President, Dr. E. D. Rudderow, in the van, was a feature which no one will forget.

After dinner, coffee and cigars, nearly every one present gave tongue to his various thoughts and ideas concerning the welfare of Alma Mater, Hospital and Association.

Most marked among these speeches were the wonderful oratorical displays of "Pop" and "Pat," the Health Commissioner, the reminiscences of Walter Gray, the experiences of Dr. Benson in Germany, and of the former secretary's visit at the shrine of the Mayo Brothers in Rochester, Minnesota.

After one final burst of melodious sounds from the Troubadours, accompanied by the male chorus of the Association, the banquet ended to leave a lasting impression of renewed loyalty to Alma Mater and Flower Hospital.

The Association is in a thriving condition, numbering forty-four active and four associate members, and its future prosperity seems assured.

Joseph H. Fobes,
Secretary.

TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.

Twenty-eight members of the Texas Homœopathic Medical Association convened at Dallas, November 7th and 8th, to mark the twenty-first birthday of the Society, Dr. J. F. Edgar presiding. Fifteen new members were added to the roll and two amendments to the By-Laws looking to increasing the efficiency of association work.

In 1901 Texas passed a medical law creating three separate examining boards. The chairman of the Legislative Committee reported various and sundry futile efforts to amend the law so as to unite all boards in one, but giving slight recognition to Homœopaths. He called attention to the fact that in accepting the invitation of the A. M. A. to join their societies, we place ourselves where we would need to cut our throats by endorsing their legislative proceedings. Following the report occurred a free discussion, in which all speakers recommended that we stand by our own organization the better to preserve our own interests and the purity of our special system of therapeutics.

We would call attention to the fact that Texas has most advantageous openings for the unsettled doctor who wants to practice Homœopathy.

The officers for the ensuing year are as follows:
President, Dr. Walter C. Hirzel, San Antonio.
First Vice-President, Dr. C. C. Bones, Greenville.
Second Vice-President, Dr. Walton I. Mitchell, Galveston.
Secretary, Dr. Julia H. Bass, Austin.
Treasurer, Dr. Lloyd Pollock, Ft. Worth.

MISSISSIPPI VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

The last quarterly meeting of this Society was held at Watertown, Ill., where the Society was the guest of Dr. W. E. Taylor, Superintendent of the Western Illinois Hospital for the Insane. After visiting the various departments of the hospital, a sumptuous banquet was served to those present, following which the Society repaired to the entertainment hall, where a dance was in progress, which was participated in by the inmates.

The remainder of the evening was devoted to a paper by Dr. W. F. Spencer, of Geneseo, the discussion being led by Dr. Taylor.

Election of officers for the year 1906 then followed, and those chosen to serve the Society were:
President, Dr. H. C. Hoefle, of Davenport.
Vice-President, Dr. J. W. Watzeh, of Davenport.
Secretary and Treasurer, Dr. Raymond E. Peck, of Davenport.

Raymond E. Peck.

BOOK REVIEWS.

A Treatise on Diseases of the Skin.

For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia, and Clinical Professor of Dermatology, Woman's Medical College, Philadel-

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phia. Fourth edition, revised. Handsome octavo of 1,135 pages, with 258 text illustrations, and 32 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $6.00, net; sheep or half morocco, $7.00, net.

Four large editions of Dr. Stelwagon's work have been required in three years. Surely such a sale bespeaks a book of unusual merit. Notwithstanding the frequency of editions, Dr. Stelwagon has not lost this opportunity to bring his book up to the latest knowledge. The therapeutic use of the Roentgen rays, high-frequency current, and Finsen light, have been accorded the increased attention their growing importance deserves. We notice the addition of new text cuts, some thirty-eight in number, and six additional insert plates, all up to the high standard set by the text. The author, by the judicious elimination of redundant material, has kept the size of his book much as before, the increase being only some twenty pages. Indeed, it is remarkable the epigrammatic way that Dr. Stelwagon has of saying things—a style most desirable both in a text-book and a reference work for the busy practitioner.

A Text-Book of Physiology.

For Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL. D., Professor of Physiology, Johns Hopkins University, Baltimore. Octavo volume of 905 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $4.00, net; half morocco, $5.00, net.

Dr. Howell's many years of experience as a teacher of physiology in several of the leading medical schools is evident throughout the entire work in the simple and clear style and in the practical handling of his subject. The author has laid main emphasis upon those facts and views which will be directly helpful in the study of general pathology and in the practical branches of medicine. At the same time, however, we are gratified to see that Dr. Howell has not ignored the experimental side of the subject. This we consider very important, for it has been through individual research that all the great advances in physiologic knowledge have been made. The entire literature of physiology has been thoroughly digested and the important views and conclusions incorporated. Indeed, the author has prepared a text-book which, while preserving the scientific spirit, is at the same time simple and modern in presentation. Every notable advance in physics or chemistry as influencing physiology has been carefully noted. Illustrations have been most freely used, greatly helping in understanding and supplementing the descriptions in the text. Especially valuable are those illustrations employed to make clearer the more intricate anatomic and physiologic mechanisms. Altogether, we consider it a very valuable book, because it is accurate, up-to-date, and highly practical.

Berg's Surgical Diagnosis.

A Manual of Surgical Diagnosis. For Students and Practitioners. By Albert A. Berg, M. D., Adjunct Attending Surgeon to Mt. Sinai Hospital, New York. In one 12mo volume of 543 pages with 215 engravings and 21 full-page plates. Cloth, $3.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Berg is exceptionally well qualified to furnish a most practical and useful book, by reason of the fact that the surgical service of one of the largest and most perfectly appointed hospitals is, and has been for years directly under his observation. The whole range of his experience and the broadness and accuracy of his knowledge are clearly reflected in the completeness and precision of this manual. It is a work admirably adapted to the needs of the student and equally valuable to the general practitioner or surgeon as a concise and trustworthy guide in the diagnosis of all surgical affections.

The author has also presented the methods of diagnosis of kidney function, the diagnosis of diseased conditions of the kidney from the appearance of the ureteral orifice, the early diagnosis of tuberculous diseases of the articular ends of bones, etc., which it is hoped will be of especial interest to every practitioner of surgery. Consideration of the best method of developing the subject for his readers has led him first to give a concise clinical picture of each disease, including its cause, onset and course, and in certain cases the accompanying pathological changes. In each instance he has indicated the points of difference between the disease under discussion and other diseases which might be mistaken for it.

Aseptic methods and improvements in operative technique have during recent years brought the internal organs within the range of successful treatment, and this enlargement of the surgical field has necessitated the introduction of new methods of diagnosis and improvement upon the old. In the present volume the author has endeavored to cover the whole subject concisely and in its most modern development.

Minor and Operative Surgery, Including Bandaging.

By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's College, Surgeon to the Presbyterian Hospital, Philadelphia, etc. New (6th) edition, enlarged and thoroughly revised. In one 12mo volume of 642 pages, with 532 illustrations. Cloth, $3.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Dr. Wharton's work has for many years been the accepted authority in its field, and justly so.

In its many revisions its scope has been gradually broadened in response to the suggestions of its many readers, so that in the present edition it really covers all except what might be termed capital surgery. Thus, there have been included many operations, such as Tracheotomy, Intubation of the Larynx, operations on the Stomach, Gall Bladder, Kidney and Intestines, and those for Appendititis and Hernia, together with many others which are somewhat beyond the vague line which separates major from minor surgery. The increased attention which is given in the medical college to operative procedures on the cadaver and the importance of this method of instruction have led the author to include those operations which can be ad-

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vantageously taught in this way, such as Ligation of Arteries, Amputations, Excision of Joints, Operations upon the Nerves and Tendons, Intestinal Anastomosis, etc., etc. The various bandages and surgical dressings are clearly described, and illustrated by numerous engravings, many of which are photographic, and all of which are most helpful. Particularly will the helpfulness of the illustrations be shown in the section on bangaging where almost every variety of bandage or dressing is explained in detail, and shown with such clearness that a novice could scarcely fail in the application of one.

The importance of sepsis and antisepsis has received full consideration, and Surgical Bacteriology is covered in a special chapter.

LeFevre's Diagnosis.

A Manual of Physical Diagnosis, Including Diseases of the Thoracic and Abdominal Organs. For Students and Physicians. By Egbert LeFevre, M. D., Professor of Clinical Medicine and Therapeutics in the University and Bellevue Hospital Medical College, Attending Physician to Bellevue Hospital and to St. Luke's Hospital, New York. New (2d) edition, thoroughly revised and much enlarged. In one 12mo volume of 479 pages, with 102 engravings and 6 full page plates in black and colors. Cloth, $2.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The rapid exhaustion of the first edition of Dr. LeFevre's excellent manual furnishes very satisfactory proof of a widespread and cordial appreciation of its merits among teachers and students. The author gives his own methods of teaching the subject—methods which are the outcome of many years of successful experience. In its new edition, therefore, the general plan of the book is retained. Especial emphasis is laid on the altered anatomy of the organs under examination, and its relation to the physicial signs. The respiratory and cardiac sounds, their production and modifications, both normal and pathological, have been discussed more fully than in most books of moderate scope, since, unless the student clearly understands how these sounds are produced, the tendency is to regard each variation from normal as indicating special disease rather than as dependent on changes in structure or function which may be present in conditions not necessarily pathological. In this way only can diagnostic values be estimated and the range and limitations of physical diagnosis be understood. The subject is now taught at an early period in the curricula of the medical schools, a circumstance which has made it necessary to give a brief account of the morbid changes in different organs, and of their secondary effects, both immediate and remote.

This new edition has been thoroughly revised, some of the sections have been entirely rewritten, the series of illustrations has been enriched, and attention has been called to recent modifications in methods of examination. The scope of the work has been kept to its title, including the subjects of Inspection, Palpation, Percussion and Auscultation.

Noteworthy among the new features of this edition are the very complete revision of the chapter on Topographical and Relational Anatomy and the new illustrations in this portion of the book,—the nex X-ray illustrations of the heart outlines and the new illustrations of cases of cardiac disease. The first edition of Dr. LeFevre's work was repeatedly commended as "the best manual procurable on its subject," but the present would seem to require even stronger recommendation.

A Manual of Diseases of Infants and Children.

By John Ruhrah, M. D, Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. 12mo volume of 404 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Flexible leather, $2.00, net.

Dr. Ruhrah is to be congratulated upon the production of a manual that presents the subject of pediatrics in such a clear yet concise manner. He has outlined the therapeutics of infancy and childhood in a way that cannot fail to make for this work a place of first importance in its field. He has given explicit instructions for dosage and prescribing, and a number of useful prescriptions are appended. Infant feeding is given in detail. All the illustrations are practical, and include three inserts. A very valuable feature consists in the many references to pædiatric literature so selected as to be easily accessible by the student, enabling him to ascertain the sum of knowledge on any given disease. We give Dr. Ruhrah's work our unqualified recommendation.

Refraction, Including Muscle Unbalance and the Adjustment of Glasses.

By Royal S. Copeland, A. M., M. D., Professor in the University of Michigan, and Adolph E. Ibershoff, M. D., Instructor in the University of Michigan. Octavo, 144 pages, with 79 text illustrations. Philadelphia: Boericke & Tafel, 1906. Cloth, $1.50, net.

Perhaps no part of the work of the ophthalmologist is more difficult than that of which this work treats. There need, therefore, be no apology from the authors for having placed before the profession their views and experience on the subject. Both gentlemen have had most ample opportunities for perfecting their knowledge of the methods most applicable in the handling of their cases. A large field has been open to them and fully utilized in connection wth their official positions in the Michigan University.

The entire object of the work is to so place the subject before the student as to simplify what has always been to most men very complex. They have couched their instructions and explanations in such terms as to make the subject easily understood, and in doing so have rendered a service not only to the student but to the practitioner who desires to enlarge his knowledge upon the subject, and has neither the time nor the inclination to attempt the mastery of a more voluminous work. Most commendable are the numerous illustrations which will prove a great aid. They are clear and easily understood.

We commend the book not only to the specialist but to the general practitioner, and the latter especially will find it worthy of his attention.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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JANUARY 1, 1906.

Editorial.

"IS PNEUMONIA CURABLE."

Under the above heading the N. Y. Medical Record discusses the statement made by Osler, formerly of Johns Hopkins, now of the London Hospital, in which he says: "Pneumonia is a self-limited disease which cannot be aborted or cut short by any known means at our command." Dr. Osler makes this statement in the section in his Practice of Medicine on Pneumonia.

In the discussion, the Record takes the ground that some cases are quite amenable to treatment.

The experience of the homœopathic school of medicine demonstrates that not only is the disease amenable to treatment, but a larger percentage of cases is cured by homœopathic remedies than by any other treatment so far presented.

The Medical Century statistics of the results of homœopathic and allopathic treatment during the past hundred years show that the percentage of mortality under old school treatment is 31.22, while under homœopathic treatment it is but 5.34. This may be criticised as giving results of treatment during a period when the therapeutics was not so well developed as at the present time, but granting the claim of the old school that "their mortality is only 15 per cent.," it shows that Homœopathy is still better by 3 to 1.

That the old school claim may be questioned is shown by the fact that Anders puts the mortality at 18 per cent., while two years ago Klebs, in American Medicine, quoted it as 23.8 per cent. Hay, in the London Lancet, June 11. '04, says, 9.1 per cent. of patients under 20 years of age die, 41.5 per cent. of those between 20 and 50, and over 50 per cent. of those over 75. In 1902 the mortality at Cook County Hospital was 36 per cent. All this goes to show that the death rate of pneumonia under old school treatment is rather over than under the percentage claimed by them.

The old school are rapidly becoming, if they have not already become, therapeutic nihilists. Many of their adherents uniformly treat typhoid fever and pneumonia without the use of a single internal remedy. This we take it to be due to the fact that they recognize both diseases as being due to a specific organism, and are continually on the hunt for some specific remedy with which to combat it. Their mortality record shows that they are still hunting—not having found it. Their treatment wanders about in the dark, among many remedies, with no guiding light, and, it seems, no possible chance of finding one. As the Record says of bleeding so it may say of the thousand and one remedies exploited, all "have gone out of fashion." That's scientific, you know. And their teachers all over the country still open their lectures on the treatment of pneumonia in this wise, "Gentlemen, there is no known remedy which is useful in the treatment of disease." And the mortality grows greater with each succeeding year. Since 1860 the deaths per 10,000 population have shown an increase of 349.6. The death rate from 1880 to 1890 showed an increase of 5.5 per cent.; from 1890 to 1900, 12.21 per cent.

In Chicago from October 1, 1904, to March 4, 1905, the mortality from consumption was 11.4 per cent. of the total mortality, while that from pneumonia was 18 per cent. This is simply appalling—it shows pneumonia, rather than consumption, to be the great white plague. And these figures are perfectly authentic; some of them are taken from the Record article above quoted, while the balance are from old school text-books and journals.

Meantime, under Hahnemann's law, a little over 5 per cent. succumb, while it is beyond all question that the duration of the disease is reduced very considerably. Careful observations under many circumstances show invariably that the disease may be cut short in any one of its three stages. Eidhorr, of Vienna, after ten years' experience in hospital practice, asserts that the disease can be reduced in duration anywhere from 25 to 60 per cent. under homœopathic treatment. Halbert (Practice of Medicine, p. 181) says: "Resolution may occur in either the first or second stage," and again, p. 193, "It is our school of medicine which has verified the pronounced benefit obtained by the use of internal medication. We have substantially demonstrated that the remedy which relieves the typical symptoms aids a normal resolution better than all the adjuvants described above."

Burt, in his Physiological Materia Medica, says of Veratrum viride: "The abundant testimony that Veratrum viride will cure pneumonia in its first stage is one of the fixed and positive facts in therapeutic medicine, which I have confirmed time and time again."

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Again, in speaking of Aconite, he says: "Every inflammation has in its first stage arterial excitement, and here Aconite does heroic work."

Goodno says: "Drugs occupy a prominent position in the treatment of pneumonia, the progress of the disease being materially shortened and its intensity diminished by their employment."

Hughes's (Manual of Therapeutics, p. 316) says: "Homœopathy declared that its treatment gave a lower death rate still [referring to results of the expectant treatment], and a shorter average duration," and again, "I can sketch to you a treatment of pneumonia which, while rational in its method, gives obvious relief to its symptoms, shortens the duration of the disease, and will rarely permit your patient to slip through your fingers."

Carroll Dunham (Lectures on Materia Medica, p. 82) says: "It is to a use of Aconite in acute inflammations that Hahnemann refers when he speaks of its ability to restore to health in a few hours, saying: 'In as short a time as a few hours after the first dose of Aconite . . . all danger to life will have passed, and the excited circulation will then, hour by hour, return to its wonted course.' So rapid a change as this would be very possible and easily conceivable in the first stage of pneumonia before hepatization has taken place."

Persistent inquiry among physicians, both those in general practice and specialists in diseases of the chest, fails to substantiate the claim of those who teach the doctrine of "self-limited diseases" that pneumonia is to be placed in that category. From the standpoint of the conscientious and painstaking homœopathic prescriber pneumonia is a disease in which a world of good can be accomplished, and more than that, it is a disease in which a world of good has been and is being accomplished. Every patient restored to health by the beneficent action of the indicated remedy means just that much more done for the advancement of our science. For it is a science. It can be neither accident nor anything else. The same principle which governs in the use of remedies in any diseased condition of the system applies here, and by virtue of the infallibility of the law of the similars remedies correctly applied under that law will restore the organism to health. We do not have to bow down before the dictum of even so great a man as Osler when he says that "pneumonia is a self-limited disease and cannot be shortened in its duration by any known means at our command."

MORE ABOUT THE "WORST EVER" TYPHOID TREATMENT.

In the Medical Advance there is considerable concerning this now notorious paper, from the pen of S. E. C., whom we take to be Dr. S. E. Chapman, who brought to grief certain and various old school doctors who knew nothing about the virtues of Lycopodium, and, therefore, made each a separate and different prescription for a series of symptoms which were "spotted" by a similar number of homœopathic doctors as calling for Lycopodium. Whether he or some other S. E. C. is the writer, the M. A. devotes several of its pages to a letter in which the entire article is quoted. Then the letter writer makes comments. He says a lot of things which correspond pretty closely to what we said in our discussion of the article, but he goes farther and gives the name of the journal in which the article was published the name of the writer and the name of the college from which said writer was graduated. We did not do that, though we knew all of these facts, and furthermore, knew the doctor himself, and he's a pleasant, genial fellow, too, and we have no doubt will do more thinking before he again breaks out into print.

We are sorry S. E. C. thought it necessary to incorporate the name of the college, because it casts a very serious reflection on two men who are "above reproach." No one who knows them can question for a moment the loyalty to Hahnemann's doctrines of Prof. G. J. Jones and Prof. H. H. Baxter, the former at present, the latter until just recently, and both for many years faithful teachers in the Cleveland Homœopathic Medical College. Yet these are the men who gave to the article's author his instruction in the therapeutic treatment of disease and in Materia Medica. Their work needs no defense. They are as stalwart Homœopaths to-day as they ever were, and their teaching, like Cæsar's wife, "is above suspicion."

No, we were not "gunning" for either the college, or the teachers, or the journal, or even the man. We were aiming at the inexcusable, slovenly practice into which some men fall when they get away by themselves. There is neither reason nor excuse for it, unless, perhaps, it is because they are to lazy to study. They are certainly not too busy, for we are quite sure that the average man who does such slip-shod work is blessed with a small patronage, so that he ought to have time to find out and use the best in medicine instead of the worst. Then, too, it happens sometimes that a man is "easy," that he listens to the siren song of the doctor who, for his health and a consideration, is travelling about the country, telling the doctors how to cure each and every case of this, that and the other disease with a remedy or compound of which same he has sundry sample bottles or boxes. Of course, most doctors are easy, as witness the worthless books, more than worthless gold mines, rubber plantations, etc., etc., in which their hard earned ducats have been sunk. And so it is not an alarming fact that one is content to live and move and have his being surrounded by such "worst ever" habits of prescribing. It only shows that he is a little less particular about the "therapeutic company" he keeps than are the average homœopathic doctors. And the moral of all this is that one should try to be at his best all the time, especially so when he faces disease and holds in his hand the health, perhaps the life, of some one who trusts him.

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EDITORIAL BREVITIES.

Medical Examination Laws.

We call our readers' special attention to Dr. Phillips' address before the Cincinnati Homœopathic Lyceum in this issue. It is full of good sound sense. The examining boards of the country are assuming despotic power. For the most part they are made up of political appoin ees with pulls; they will not be bettered by the next change in administration, but a new crowd with new pulls will take their places on the boards. They are a wonderful set of men; they can, in two or thre hours' examination of a candidate, determine better his fitness to practice medicine than a college faculty (chartered by the same State Legislature that created the board) can under whose teaching the candidate has been for four years. They can do all this; aye, and more! they can prevent an educated and ethical practitioner of twenty years' practice from entering their State because he is not familiar with cells which should be written with an s). while a student who fails in one college and goes to an easier one and is let through by the easier faculty gets in without any trouble. They can make reciprocating laws with different States which do not reciprocate. They can frame entrance requirements for our colleges to order. They can recognize and pass upon the standing of our literary institutions at pleasure, and there is probably not a mother's son on any of the boards in any of our States, that could get licenses to practice in all of our United States, even if they had the $755 to pay the examining board fees. This is what they call protecting the people. Odzooks! and forsooth!

Editor's Table.

GENERAL NOTES.

Dr. Cæsar Lombroso, the noted Italian criminologist, said only last month: "I understand that Homœopathy has been made fun of for over a century, but to-day has modern allopathic medicine anything of value that does not rest on homœopathic principles?"

According to an enactment issued by the government of the United States of Colombia in June, 1905, relative to medical practice, any person may be permitted to practice who has a diploma from the Institute Homœopatico de Colombia in Bogota. To obtain this evidence must be furnished that the candidate has completed studies in anatomy, physiology and general chemistry before the medical faculty. Homœopathy is officially recognized in Colombia The Homœopathic Institute is about to issue its own official publication

The Alliance, Ohio, Daily Review of November 25th, gives an account of a difficult operation performed by Dr. G. B. Haggart. It was a resection of the spinal column in a case of fracture. A paraplegia had resulted, but on removing the pressure from the cord the patient was able to move his legs. Dr. Haggart is one of our best surgeons in Northeastern Ohio.

The graduating exercises of the School of Nursing in the University of Michigan Homœopathic Hospital, were held on the evening of December 14th, at the nurses' home. Nine young ladies received the diploma of the institution.

In Bristol, Virginia, the old school medical society has decided that it is proper for a member to consult with physicians of the homœopathic school.

The Wards Island and Metropolitan Hospital Alumni Association held its annual banquet on the evening of December 6th. A fine gathering of the old members of the staff was present. Dr. Leonard W. Ely was toastmaster, and there was no complaint, everyone being satisfied. Toasts were responded to by Drs. Wm. Pitt Baldwin, G. G. Jackson, W. A. Dewey, William Francis Honan, Bernard Clausen, and Perry D. Saylor. Dr. Thomas H. Carmichael, of Philadelphia, presided as president of the association. It was the tenth annual banquet and it was a pleasure for the editor of the Century to be able to be present.

Brother Arndt in his "Rundschau" in the Pacific Coast Journal of Homœopathy, reproduces a most entertaining article, entitled "Some Things Done by Old People," which relates the doings of the celebrated after the age of usefulness. Such things do not especially interest us young men, except in so far as we are glad to see that there is yet time for Brother Arndt to do things.

We have received an epitome of the life and an index of papers and addresses of Brigadier General Marshall Orlando Terry, M. D., ex-Surgeon General of the State of New York, for which we desire to express oud thanks.

The faculty of the homœopathic department at the University of Michigan have decided to begin their next practitioners' course April 2, 1906.

A homœopathic physician was called to attend the son of President Loubet, of France, after previous allopathic treatment had failed. A prompt and notable improvement followed.

The Kansas City Homœopathic College has one day at the City Hospital each week for clinics.

Dr. Marshall O. Terry, of Utica, prince of bachelors, was married on December 12th, to Mrs. McGregor, of New York, widow of the late A. M. McGregor, president of the Standard Oil Company of Ohio. The Medical Century offers its warmest felicitations.

The position of house surgeon in the Montreal Homœopathic Hospital is vacant. This hospital has an average of 400 patients a year with an outdoor department that gives excellent experience. The committee is desirous of securing the services of a young physician who will take an interest in the work, and one who might later locate in Montreal. There are excellent opportunities in that city and province for homœopathic practitioners. Montreal has a population of 350,000, with only ten homœopathic physicians, and the legal requirements to practice are much fairer than in many of our own States. For further particulars address Dr. A. R. Griffith, 196 Peel street, Montreal P. Q.

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A new general hospital was formally opened in Piqua, Ohio, on December 7th. Among those who made addresses was Dr. Charles E. Walton, of Cincinnati, who spoke on the history of hospitals. The following homœopathic physicians were also present: Drs. E. N. Loy, of Tippecanoe City; H. C. Beebe, of Sidney; A. W. Reddish, of Sidney; J. W. Means, of Troy; H. B. Faulder, of Wapakoneta, as well as the local Homœopaths of Piqua.

The Chicago Homœopathic Medical Society at its December meeting considered the subject, Pelvic Inflammation. Dr. C. B. Kinyon, of Ann Arbor, Michigan, was the invited guest. Papers were read by Drs. Peter Clark, Fredericka R. Baker, and Frank C. Titzell.

The Rock River Institute of Homœopathy mee's in Sterling, Illiinois, on January 4, 1906. Dr. F. J. Scott is president, and Dr. A. W. Blunt, of Clinton, Iowa, secretary.

Dr. Francis H. Orme, of Atlanta, Ga., was a recent recipient of an ovation by the Atlanta Chapter of the Daughters of the American Revolution. Some years ago Dr. Orme composed "The Song of the Revolution." This was adopted as the song of the Atlanta Chapter, and efforts are to be made to have it accepted as the national song of the entire society.

Dr. James T. Kent has turned the sale of his famous Repertory and also his Homœopathic Philosophy, over to Boericke & Tafel.

Dr. Ch. Gatchell has sold his well known Pocket Practice to the same firm.

Boericke & Tafel have in press the following works: Materia Medica, by A. L. Lockwood, M. D.; Diseases of Children, by C. S. Raue, M. D. (second edition); Refraction, by R. S. Copeland, M. D., and A. E. Ibershoff, M. D; Lilienthal's Therapeutics, and Before and After Surgical Operations, by Dean T. Smith, M. D.

The January meeting of the Cincinnati Homœopathic Lyceum will occur on the 10th. Papers will be read by Dr. P. T. Kilgour, Dr. F. W. Fischback, and Dr. Wm. H. Smith. These will be discussed by Drs. W. G. Hier and H. L. McCormick.

Dr. T. Griswold Comstock, of St. Louis, is to spend the winter in either Florida or Nassau.

Dr. Charles E. Fisher, who made such a remarkable success in his new venture of a railroad construction hospital during the building of the Western Maryland Railroad, a success which attracted the notice of engineering periodicals and contractors all over the country, is to have charge of the hospital which is to be eercted at East Radford, Va., during the construction of the Tidewater Railroad. We hope to have a full account of Dr. Fisher's work in an early issue of the Medical Century.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

The Eta-Lambda chapter of Phi Alpha Gamma fraternity entertained the Ustion fraternity at a reception and dance in the Hampden hall, Wednesday evening, December 13th. A good orchestra and an excellent floor made the evening a very pleasant one.

Dr. G. H. Pratt, who was formerly associated with Dr. Burton Haseltine, but who has been practicing in Washington, Iowa, has gone to Kansas City to locate. He will be associated there with Dr. H. F. Fisher, and will make a speciality of the diseases of the eye, ear, nose and throat.

Dr. J. L. Snavely completed his term as house physician at Hahnemann Hospital, January 1.

The regular meeting of the Chicago Homœopathic Medical Association was held Thursday evening, December 14th, in the Northwestern University building. The subject for the evening was Pelvic Inflammation. The address of the evening was given by Dr. C. B. Kinyon, of Ann Arbor, Mich. The hall was well filled by physicians, who knew Dr. Kinyon personally and by reputation. The address was very practical and was much enjoyed by all. We went expecting a treat, and we were not disappointed. The entire program was as follows: Pelvic Inflammation, Etiology and Diagnosis, Peter Clark; Treatment, C. B. Kinyon, Professor Gynæcology and Obstetrics, Homœopathic Department, University of Michigan, Ann Arbor, Mich.; Internal Medication, Fredericka R. Baker; Sanatory Hygiene, Frank C. Titzell.

Dr. C. E. Fawcett, who is resident physician at the Chicago Homœopathic Hospital, has been very ill with a severe attack of tonsillitis.

The death of Dr. C. E. Williams occurred in this city December 17th, at the Chicago Beach Hotel. He had been practicing in this city for many years, but has been in such poor health for the past three years, that he had been compelled to spend much of his time away from here. He was universally admired by all who knew him, and his death brought sorrow to many. As a physician and as a man he was equally loved and respected.

The Rock River Homœopathic Medical Association will meet in Sterling, Ill., January 4th. This is a flourishing society, and is always well attended. A good program has been arranged.

Dr. H. B. Woodward, of La Grange, has been at the Hahnemann Hospital suffering with erysipelas. He is improving now, and hopes to soon be able to leave the hospital.

On Friday evening the Alumni Association of Eta-Lambda chapter, Phi Alpha Gamma, held a dinner at the Union restaurant and hotel in honor of Dr. C. B. Kinyon, of Ann Arbor. It was well attended by the graduates and undergraduates members of the fraternity, and a very enjoyable evening was spent. Dr. E. H. Pratt acted as toastmaster, and he called upon Drs. Haseltine, Waterman, George Boynton, Amerson, Kelly, Costain, Fitzpatrick, and Kinyon for toasts. After the banquet the guest of the evening was taken to his train, when he tried to work the conductor to take all of those with him to Ann Arbor, but unfortunately, the conductor examined the ticket. It is planned to have several of these dinners during the winter, and to have some prominent man at each one.

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The Clinical Club, of Hahnemann College, held

its regular monthly meeting at the college Monday evening, December 18th. The evening was given up to the discussion of Tuberculosis. Papers were read by Drs. Cobb and Bailey. These addresses were illustrated by means of the reflectroscope. The club is having very interesting and profitable meetings this year.

Dr. C. B. Kendall, of Aurora, Ill., was operated upon recently at Hahnemann, for a kidney lesion. Edebohl's operation was performed. He has recovered from the effects of the surgical work and has returned to his home.

Surely the day has come when the lamb and the lion lie down together. The South Chicago section of the Chicago Medical Society was entertained by Dr. A. L. Blackwood, and at their request gave a very able address. Our old school friends in this city are surely but slowly coming to recognize the Homœopath. They will do it still more when the results of the examination for appointments to the staff of Cook County Hospital are known. It has been learned from those who know that Dr. Kahlke ties with two old school men for first honors in the examination for the surgeons, and Dr. Haseltine is at the head of the eye and ear men. The marks of the others are not yet known, but we are sure they will do equally as well. Who says that the Homœopath is not as well versed in his subjects as the man of the other school? These examinations were taken by some of the best men in the old school, and our men have not only stood right with them, but have surpassed some of the best. We are justly proud of the Homœopaths.

Dr. Rudy Unkrich, who has been taking special work in this city in the eye, ear, nose and throat clinics, has located at Monmouth, Ill., and will make a specialty of treating the diseases of those four organs.

Dr. Rollin Schwartz, of East Troy, Wis., was operated upon recently for appendicitis by Dr. Kahlke. He was in a very critical condition when operated upon, and great fear that he will not recover is held.

Dr. S. M. Moore and wife, spent the holidays with Mrs. Moore's father, Chief Justice Fuller, at Washington, D. C. The doctor also went to Baltimore to take some special work in the Johns Hopkins University.

The marriage of Dr. Herbert H. Judd and Miss Rice was celebrated in this city, December 5th. The doctor has located at Rogers Park, one of the suburbs of Chicago.

Dr. H. F. Baker, of Muncie, Ind., has removed to this city, and has opened an office at 636 Sedgwick street, where Dr. Costain was formerly located.

Dr. Edgar J. George spent the Christmas holidays at his parents' home in Fairfield, Iowa.

Mrs Stearns, wife of Dr. W. E. Stearns, has been seriously ill at their home in Kenilworth.

Dr. Paul Higbee has completed his service as interne at the Cook County Hospital and has returned to his home in Sullivan, Ind., where he will go into practice with his father.

A. H. Waterman and Floyd Roberts, students at Hahnemann, attended the annual Grand Chapter meeting of the Phi Alpha Gamma fraternity at Boston.

With the December issue of the Clinique the present editor and manager, Dr. Charles Gatchell, retires from the journalistic field. The same number of the Visitor is also the last issue of that journal. The two magazines will be combined, the name of the Clinique being retained, and they will be published by the Illinois Homœopathic Medical Association as its official organ. It is planned to make the journal an up-to-date and hustling magazine, which will contain all of the news of the societies in Illinois, the papers read at the State Society, medical news and items from everywhere, and original articles by the best men in our school of medicine. A board of five men will have charge of the editorial part of the paper. The editor-in-chief will be Dr. H. V. Halbert. The other editors are Dr. S. H. Aurand, who will have charge of the department of medical organizations and societies; Dr. G. L. Brooks, who will be the editor of the Materia Medica and therapeutics bureau; Dr. Burton Haseltine, who will take care of the surgical and eye, ear, nose and throat department; Dr. Peter Clark, who will edit the articles on Gynæcology, and Dr. Gilbert Fitzpatrick, who will cover the fields of obstetrics and pædiatrics. The paper will be sent gratis to all members of the Illinois Society. This amalgamation has been talked of for some time, but has only recently been consummated. It will make a strong combination, and will give Chicago and Illinois and the Hahnemann Medical College a first-class journal.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The annual meeting of the Washington Homœopathic Medical Society held the first of its two evening sessions at the Shoreham Hotel, on Friday, December 8th. The President, Dr. J. B. G. Custis, opened the meeting with a few very appropriate remarks, in which he said the eyes of the world are upon us in Washington, as we represent the governing center of the United States, and he felt that we should realize our importance and by our example and precept endeavor to live up to that position. The first paper of the evening, upon "The Effects of Anæsthesia Upon the Heart," by Dr. John R. Sharp, was well received and provoked considerable discussion, the prevailing opinion being that contrary to the teachings of the past in deaths produced by chloroform anæsthesia, it was the respiratory center which was affected before the cardiac center in the brain, this having been the experience of the observers present.

Dr. Gilbert spoke of the possibility of anæsthetizing a child during sleep, but said he did not get a good result.

Dr. Homer I. Silvers read a paper on "Injuries of the Head." The discussion was opened by Dr. T. L. Macdonald, who said that all scalp wounds should be explored. Several other members reported cases with a very small external wound,

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which, upon examination, showed severe fracture of the skull beneath.

A paper upon the "Surgical Treatment Required by the Traumatism of Labor" was received with interest, and in the discussion following the opinion was unanimous as to the necessity for immediate repair of the perienum, but seemed to be divided regarding the immediate repairing of the cervix.

The paper on "The Homœopathic Therapeutics of Surgery," by Dr. D. H. Riggs, received due attention, there being a number present who could not subscribe to the Doctor's views as expressed in the paper. The discussion was opened by Dr. George W. N. Custis.

The Saturday evening meeting was given up to a clinical demonstration of the modern methods of diagnosis, by Dr. W. H. Van Den Burg, of New York, and a clinical lecture demonstrating the selection of the remedy, by Dr. W. A. Dewey, of Michigan. Both gentlemen acquitted themselves in the most satisfactory manner, and their efforts were thoroughly enjoyed and appreciated by the Washington men.

A number of out of town men were present, among them being Doctors Norton, Garrison, Laidlaw and Rabe, of New York, and Dr. Bailey, of Atlantic City.

A buffet lunch wound up the evening's entertainment.

THE CLEVELAND HOMŒOPATHIC MEDICAL SOCIETY.

It looks as though the good doctors of Northern Ohio were in earnest in their resolve that the people should know more about Homœopathy. Of course, the fifty-six years of life of the Cleveland Homœopathic Medical College has resulted in the widespread dissemination of our principles, but it is recognized as a fact that new life must be instilled into the adherents of similia as a therapeutic law, and Ohio bids fair to take the lead in this work as she has in many others.

The Northeastern Ohio Society started the ball rolling by ordering the distribution of several hundred of the Medical Century prize essays and ten thousand of its statistic cards. Now, the Cleveland Homœopathic Medical Society comes to the front with a meeting devoted to Homœopathy. The surgeon took a back seat, and nothing but the principles upon which homœopathic practice are based were discussed.

The meeting took place December 29th, and over a thousand invitations were sent out. These went impartially to the layman, the old school doctor and the adherent of the new school. The result was a representative gathering, comprising representatives of all these classes with a fair sprinkling of students from the allopathic colleges of the city.

President W. H. Phillips had prepared for his guests an unusually rich program, calling upon four men from outside the city, men who were known to be strong men who thoroughly understood the principles governing the use of homœopathic remedies, and who are, therefore, qualified to stand before the public as exponents of the same.

Dr. A. S. Rosenberger, of Covington, Ohio, took up the History of Homœopathy. In opening his paper he spoke of his student days in 1869, at which time Drs. Beckwith, Sanders, and Biggar stood for all that was strong in Cleveland homœopathic circles. Six years ago he took special courses under Kent at his Philadelphia school. He later supplemented this with a year at Chicago, at both places taking up a study of Hahnemannian Homœopathy. He pleasantly referred to Cleveland as a homœopathic center, with its advantages of a great city, its libraries, hospitals and schools. He then gave a short and interesting review of the life of Hahnemann, giving the reasons why the Master felt that a revolution in therapeutic methods was necessary; that the 2,000-year-old methods were not the best methods. He referred to the fact that Hahnemann in 1836, during an epidemic of typhoid fever at Leipsig, treated twenty-two cases, and lost only one. He then took up the history of Homœopathy in the United States, noting the establishment in 1836 in Allentown, Pa., of the first homœopathic medical college in the United States. Following this he spoke of the bitter treatment of the newcomers in medicine by those of the old school, and contrasted it with the present painful anxiety of their descendants, the allopathic doctors of the present day, to have the homœopathic physicians join their society and attend their colleges.

Taken all in all, Dr. Rosenberger's paper was exceptionally good as giving a fair presentation of the reasons for the existence of the homœopathic school as an essentially distinct school of medicine.

To that stalwart and scientific exponent of homœopathic principles, Prof. Royal S. Copeland, of the Ann Arbor University, was given the subject, "The Scientific Basis of Homœopathy." Opening his address with the conveying of greetings from his Ann Arbor associates to those in Cleveland, he plunged at once into an ultra scientific discussion of homœopathic principles as they appealed to the scientist. He placed both disease and therapeutics upon a chemical basis, discussing Hahnemann's methods in arriving at his conclusions. He laid down the following propositions:

1. The cell is the morphological unit of life.

2. The chief manifestation of cell activity is its power of metabolism, and all its activities are brought about or are accompanied by definite chemical changes.

3. Cells possess selective affinities for certain chemicals or chemical reactions.

4. The body possesses natural protective forces largely chemical, especially resident in the blood.

5. Disease is a disturbance of the chemical equilibrium of the cell resulting in an interference with its power of metabolism.

6. A remedy is anything which by its action upon a diseased cell causes it to resume a condition of equilibrium

7. A drug is a remedy efficacious by reason of its chemical action, and the effect of which need no

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longer be experienced on the ground of mystical force or other intangible quality.

8. Substances are more active, chemically, the finer they are divided.

9. The remedy should be given with such accuracy of selection and dose and in such form as to aid the disturbed cell without interfering with the protective forces of the body or inspiring the functions of other cells.

10. The attenuated drug without interference with the normal cells or body fluids offers the remedy in a form ready for instant appropriation by the disturbed cell, and hence, in the cure of disease, is more effective than any other possible practice.

It would not be fair to Dr. Copeland to discuss his paper without the paper itself for reference. Suffice it to say his arguments produced a most pronounced impression, notably upon a number of members of the old school present. It was a clear, lucid exposition of the scientific side of homœopathic principles, showing conclusively that Homœopathy does not rely for explanation upon "mystical force or other intangible quality," but is capable of demonstration similar to that of other laws which govern in nature The whole paper was a treat of the most enjoyable class.

Dr. T. G. Barnhill, of Findlay, Ohio, discussed "The Practical Results of Homœopathy in the Treatment of Disease." He proclaimed the law as the only law of cure. One of the most interesting points he made was the discussion of what seemed to many very ridiculous and unimportant symptoms found in the Materia Medica. He showed that in the selection of a remedy these symptoms should be most carefully noted. He claimed that the old school are treating names of diseases, not the diseases themselves, and that the new school lays emphasis upon the necessity for studying medicines and methods of prescribing more than disease and diagnosis. He deprecated strongly the use of drugs in combination unless this combination shall have been proven and its homœopathic application to disease demonstrated. He spoke strongly also against the advocacy of cure-alls. His entire paper was a good one, admirably fitting into its place in the program.

Dr. C. M. Boger, of Parkersburg, W. Va. was very rightly chosen to present a discussion on "The Way to Study and Prescribe Homœopathic Remedies." The doctor is the author of a revised edition of Bœnninghausen's Repertory, and is well qualified to speak on such a subject as that assigned him. He spoke of the necessity for the broadest culture and the soundest judgment on the part of the homœopathic physician, the demand being that "habits of observation must be directed to a point where deduction looks like intuition." He notes that subjective clinical symptoms must always be capable of double interpretation, that of the observed and that of the observer, hence great discernment is necessary, much more so than in the case with the objective symptom which only the observer considers. He places a high value on facial expression as an indicator, noting that they form a natural index of mental processes, a point upon which Hahnemann was very insistent. Taken altogether, however, he regards the objective symptom as the most important, citing the acknowledged success of Homœopathy in the treatment of diseases of children as proof. He speaks of the harm that can come from hasty prescription, and counsels the formation of the habit of waiting until sure.

"Curative action," he says, "is dependent upon vital reaction. We incite a similar action in order that a dissimilar reaction may occur. In other words, we exemplify the axiom that 'action and reaction are equal but opposite.'" He quotes clinical cases showing the action of drugs prescribed under the law of the similars, noting the removal of symptoms after the prescription of remedies in high potencies. As an example of how to study the Materia Medica he gives very clear schematic forms of the outlines under which the symptoms of Lachesis and Bryonia arrange themselves. Were it not that the paper is shortly to appear in print we would quote these. They are exceedingly interesting and instructive. He acknowledged that the study of homœopathic Materia Medica is a hard study, but such study will surely have its highest rewards.

Taken all in all, the meeting was a very decided success, and reflects great credit upon President Phillips and his able corps of advisers. There should be more such. H.

OBITUARY.

Dr. W. P. Bennett,

of Crestline, Ohio, died suddenly on November 29, 1905. He was a fine gentleman and a successful practician.

Dr. Joseph Berens,

Of Philadelphia, died on December 6th. Dr. Berens had practiced sixty-four years, and was one of the best known homœopathic physicians in that city.

Dr. Morris Weiner

Died in Baltimore, in October last. He was the oldest homœopathic physician in the United States.

A New Wound Dressing.

Dr. Aymerd, in an article in the Lancet, advocates the substitution of plain glass for gauze in dressing wounds. He describes an experiment with a piece of thick window glass, the edges of which were ground smooth. He smeared the glass with an antiseptic preparation and applied it to the wound, which healed quickly, without leaving a scar. The author claims for his method that it enables the wound to be examined without the removal of the dressing, that it relieves pain, promotes healing, and is economical.

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Surgery.

HOMŒOPATHIC THERAPEUTICS OF SURGERY.

BY D. H. RIGGS, M. D., WASHINGTON, D. C.

The writer entertains no such vain hope as that in this short essay he may be able to say anything that is new or instructive on the subject that has been assigned to him for this evening. As we read in the program before us, the subject is "The Homœopathic Therapeutics of Surgery." There might be several interpretations of this wording. That surgery, as a branch of the science of medicine, needs therapeutic treatment, is not impossible. Perhaps what is meant is "Homœopathic Therapeutics in Surgery;" or, may we not decide that it means homœopathic therapeutics instead of surgery. We might be at a loss to know that whether it is one of these interpretations that I have placed upon the title given, or whether it means homœopathic therapeutics as an adjunct to surgery, thus indicating that it was a mechanical art, and as thus understood, it would certainly seem that there should be a therapeutic or medicinal side to his occupation so that the patient should have all the assistance that a healer in the broad sense of the word could be able to give. It is not for me to tell you of the remedies in our armamentarium that are useful in what are generally known as surgical cases. It would not profit you for me to speak of Silicea or Hepar in suppurative cases, you know and have proved them so many times, or of Arnica in contusions, or Calendula in fresh wounds, Fluoric acid in sinuses, etc.

It remains, then, as I see it, only for me to ask you to consider the question whether we as homœopathic physicians are doing all that we may in the direction indicated, that is of homœopathic therapeutics instead of surgery.

I mean no disrespect to the surgeons in general, and certainly not to my friend, Dr. Macdonald, in particular, when I say that it seems that the medical profession is disposed to run too much to surgery. This may be accounted for in several ways, or rather for several reasons. First, that the science of surgery has made such progress in these later days that one essays operations now that would have been considered rash or foolhardy, if not impossible, a few years ago. Another reason, perhaps, is that the therapeutics of the dominant school is so irregular and unsatisfactory that there is a tremendous attraction in something that is definite and tangible. Long ago it was said that surgery was the opprobrium of medicine; whether in those days it was meant that the work of the surgeon was so poor and the results so unsatisfactory as to reflect on the profession of medicine, I do not know; but if it is still to be said of surgery that it is the opprobrium of medicine I would understand that it was meant, that the surgeon is called in to do that which should have been accomplished or prevented by the physician to the disgrace of the medical man as distinguished from the surgeon. Whether surgery is to-day the opprobrium of medicine I leave to you to answer. More to our purpose this evening I may ask, is it reflection on the homœopathic school of medicine? Time was, and not so long ago, that there were no surgeons in the homœopathic school. May we not properly and profitably ask whether the homœopathic school of medicine made more or less progress in curing sick people and advancing the science of Homœopathy in those days than it is doing now? If we were asked what Homœopathy is, we would reply that it is the system of therapeutics that is based on the law of cure expressed in the formula, "Similia Similibus Curantur," which means that diseases are cured by like remedies. Then, if we were further asked, am I to understand that this is a law; for, if so, it must be universal in its application, would not we say, Yes. We Homœopathists believe that it is a law and of universal application. Why, then, one might say to us, do you not cure all diseased conditions with the homœopathic remedy? What reply would we make to this? Would we say some diseases are readily cured by the application of the homœopathic remedy, but some are surgical diseases and we cannot cure them as we do the others? How strange such a reply would be, and yet do we not in our practice say this in effect?

I would make a distinction, however, between surgical diseases and surgical conditions. A large number of conditions are clearly mechanical and require only mechanical treatment; no one would in these days be so foolish as to attempt to treat a broken bone or a cut artery with the homœopathic remedy, or expect a fish bone in the throat or a cinder in the eye to be removed by prescribing a remedy for the symptoms. So there is a clear field for the surgeon and a legitimate work that is his alone. Of this work we have nothing but good to say; but is it right and proper for the physician to call in the surgeon to cut out or off or away everything that he fails to cure, or should there be so many things to remove by the knife if the physician was doing his whole duty? There is another division of the subject that may be open to more

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discussion than the one that is to follow this and less than the one we have just indicated, and that is the field of morbid growths. I am loath to assert that a tumor, even if benign in its nature, if there are any such, can be removed by the administration of the homœopathic remedy. And yet I would not be the one to place a limit on the homœopathic law of cure, if we had provings of substances that had unmistakably produced such conditions as are manifested in the patient with the morbid growth. And I furthermore would incline to the belief that many such morbid conditions and growths may be removed by the remedy without such remedy having ever revealed in its proving a growth exactly such as the patient displays, but if there are other indications that it is homœopathic to that patient's general condition. We must all concede that it is not easy in all or most cases to find such a remedy, but neither do we need to be told, we who are trying to practice Homœopathy, with as few as may be of the short cuts, as they have been called, that it is not an easy thing always to prescribe the truly homœopathic remedy for any sort of condition. But does this excuse us from making the honest endeavor? And what is more to the point in this discussion, does it render void the law or make untrue the fact or negative the question whether it is possible or not to accomplish the results? Your essayist does not venture to answer the question.

But there is another class of cases that are certainly in a clearer field and would not seem to require the same discussion. I refer to those that are of the inflammatory origin. Prominent among these, prominent in every way we may take, and so may well be taken as the bone of contention, is that large number of cases of which we hear so much in these days, classed under the head of "appendicitis." So much has been said and written on the subject of "appendicitis" that it seems almost tiresome to mention it, but it is such a good example of the class of cases to which I wish to refer, that I hope you will pardon me for calling it to your attention; for it is not in the class of mechanical conditions first referred to, neither is it among those that are properly called morbid growths, but is an inflammatory condition such as we meet in our work and cure many times every day.

Some one has said that the discussion of this subject of appendicitis reminded him of the story of the man who was going to give a horse a dose of an emetic in a powder form by placing the powder in a tube and blowing it down the horse's throat. Some time after the man was found sitting on the ground behind the barn very sick and pale, and when asked what was the matter, he said the horse blew first. So in the discussion of appendicitis the surgeons have blown first, and blown so well, and so ably presented the claims of operative treatment, that the advocate of medical treatment is forced to take the defensive position. I would not be understood as writing this for the sake of being antagonistic or argumentative, but with the honest purpose of asking for intelligent and frank discussion of a subject that must appeal with more or less force to each one of us. Not that appendicitis is the one and only important thing for us to consider, but whether such diseases, being of inflammatory nature, may not and should not, be cured by us as we cure many inflammatory conditions, by our remedies, and if we do not, why not? I singled out this disease because of its nature, and because it is so often regarded as a purely surgical condition. I have heard, and I have no doubt you have also, many times, that appendicitis is a surgical condition, and should be operated as soon as the diagnosis is made, the sooner the better, thus taking it entirely out of the hands of the physician. Why is this? Has medicine so signally failed in the treatment of this disease? What has been your individual experience? For myself I have had to treat a number of patients with appendicitis, or what I diagnosed as such, and they have all recovered, and are still living, except one who had a recurrence of the disease while away in another city, and was taken at once to a hospital and operated, and died promptly, as we so commonly hear. I would not be understood as having any exceptional experiences or unusual ability in treating the disease, and only mention the personal pronoun here with the hope that it may induce others to tell us their experience. How about physicians in general, in their treatment of the disease? I might mention the figures of Sahli, who collected the histories of 7,213 cases, 473 of which were operated with a mortality of 21 per cent., and 6,740 without operation, with a mortality of about 8 per cent. It has been often said that figures do not lie, but we all know how fallacious this statement is, so I give you these figures for what they may be worth to you. They would certainly appear to indicate that the success is not all on the side of the operators. And it is worth noting, to this audience, that the medical treatment in these cases was probably entirely of the old school kind, which, we believe, is much inferior to ours, in these cases, as well as in others. Even if the patient stood only as good a chance with medical treatment as with operative, there would seem to be many reasons for selecting it in preference. There is no one but shrinks from the anæsthetic and the knife. The expense to the patient is always much greater for an operation, which is worthy of some consideration; there are risks subsequent to the operation, such as hernia, which I understand, occurs in a considerable per cent., as well as the abdominal adhesions which sometimes prove serious. Then we all know or have heard of the operation having been done for a mistaken diagnosis. I have read of the operation having been done for all sorts of abdominal conditions, that were not appendicitis. And we must concede that the opening of the peritoneal cavity, even in these days of successful surgery, is not to be done too quickly or unadvisedly. I would not be understood as condemning all operative measures in this disease, for no doubt every one who has had any experience knows that there have been many lives saved by a skillful removal of putrid and gangrenous products from the abdominal cavity. What I am trying to emphasize is, that if the cases were treated properly, would there be these putrid and gangrenous conditions to jeopardize the life of the patient and tax the skill of the surgeon? And to ask why, with our remedies, that do undoubtedly relieve inflammation in other parts, should we not

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relieve and cure this disease, as we are constantly and repeatedly doing with other inflammatory conditions? And if this, why not other and all diseases of inflammatory nature or origin that we call the surgeon to remove with his knife? Have our homœopathic remedies lost their potency? Or have we lost our faith in their efficiency? Or is it that we lack the ability to use them successfully? [Washington Society.]

THE EFFECT OF ANÆSTHETICS UPON THE HEART.

BY J. R. SHARP, M. D., WASHINGTON, D. C.

The topic of this paper was assigned me by the President. I tried to remonstrate with him on the ground of having no data that would be of any value to any one, but all who know Dr. Custis can bear witness that it is necessary to do his way, and so I meekly consented The subject of my paper, "The Effect of Anæsthetics Upon the Heart," is very important to all medical men now that anæsthetics are so generally used.

In giving an anæsthetic it is most important to examine the patient for any heart or lung disease, or disturbance of the kidneys, and having ascertained the presence or absence of such, the choice of anæsthetic is made; the mouth should be examined for foreign bodies, especially in children, and for removable teeth in adults. The cone is then placed over the patient's face and allowed to remain there for a minute or so without any drug being applied, then gradually dropping the ether or cholroform, slowly at first, and gradually increasing, especially with ether, the patient, as a rule, will slip off quietly and peacefully into a surgical narcosis without the usual stage of so-called excitement, other than an increase in the cardiac and respiratory functions.

The literature upon the effects of anæsthetics upon the heart is very scanty, in fact, I found none after a careful search; anæsthetists being content to administer the drugs, note any changes in the cardiac muscle referable to the condition of the patient at the time, but, as a rule, not setting down any facts concerning the behavior of the heart during the anæsthetized period. I regret very much that at a time when I had abundant material and opportunity to record my clinical observations I let it slip by.

During my service as interne at the hospital, it was my good fortune to observe more than a thousand cases under anæsthesia. It was rather a peculiar coincidence, but for a period nearly every case gave evidence of some cardiac disturbance, and, while under the influence of chloroform or ether, that some trouble would ensue almost before the anæsthetist could note the change, and during one of these scenes in which a man ages years in a second, the idea occurred to me to use a phonendoscope attached to the chest wall over the heart with tubes communicating to the anæsthetist. I tried it on the next case and was more than pleased. It keeps the anæsthetist in constant communication with the contents of the chest cavity, and gives him both hands free to administer the anæsthetic and respond to any emergency that might arise. The action of anæsthetics very much resembles that of alcohol. Introduced by inhalation, their effect is more rapidly produced, and as their excretion is mostly by pulmonary exhalation their influence passes off sooner. Like alcohol they are carried by the blood to the central nervous system and produce their effect by an influence upon the molecular changes or structure of those centers. The symptoms produced by them are alteration of perception, disturbance of the intellectual functions, generally temporary, increase of reflex excitability, with convulsive muscular contractions, gradual abolition of sensation and consciousness, changes in pupils, constant changes in the circulation and respiration, relaxation of the muscles and depression of the temperature.

Patients about to be anæsthetized, more or less are nervous, depending upon the temperament of the individual, but usually there is a marked increase in the number of cardiac pulsations, before and anæsthetic is given, usually after the first few drops are given with plenty of assurances on the part of the anæsthetist the excitability of the heart gradually diminishes and it becomes nearly normal. When chloroform is administered there is experienced a sensation of pungent warmth in the air passages, a local effect of the vapor, to which speedily follows a glow throughout the body, a pleasant sense of stimulation followed by a throbbing fulness in the head with roaring and buzzing in the ears; this is succeeded by disordered intellectual action, delirium, incoherent speech and noisy actions; during this period the pulse, generally feeble and small from the depressing influence of the chloroform, becomes fuller, firmer and more rapid as the influence of the anæsthetic progresses. As the stage of excitement passes off complete muscular relaxation takes place, sensations are entirely abolished, a midpoint pupil present, with only corneal pupillary and rectal reflexes present. The heart action is now regular, firm and steady; with such a picture as here presented the patient is under surgical anæsthesia suitable for any character of operation. While the patient is thus, with regular respirations and the heart's action is regular, rythmical and full he can be kept at about this condition by carefully observing the eye, the cornea, the respiration and heart. I observed that as the eyeballs would roll from one canthus to the other, the pupils reacted more rapidly to the stimulation of light, that the slow action of the heart would gradually be replaced by a more rapid action, announcing that the patient was approaching consciousness; adding a few more drops and the patient gradually settles down to surgical narcosis again.

I believe that by the use of the phonendoscope, arranged as described, the patient's condition can better be observed. It gives both hands free to administer the drugs and respond to any emergency calls, such as withdrawing the tongue, cleansing the throat of mucus, elevating the jaw, etc., and at the same time watching the patient's heart and respiration, for, as is known, death from chloroform takes place in the great majority of cases sud-

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denly and unexpectedly. Some failure of the pulse, more than usual embarrassment of respiration, may precede it, but generally cessation of the heart's action or of respiration, singly or both together, occurs without warning, caused in a majority of instances by a paralysis of the nerve center controlling the heart's action making it all the more important to observe the patient's condition continually as described.

During ether narcosis the same conditions are present, except greatly increased; for instance, the stage of excitement is more pronounced, the heart's action during this time is tumultuous, but gradually decreases in frequency and vigor as anæsthesia approaches, and usually moves along with slight variation, as noted under chloroform. Chloroform is a cardiac depressant, ether is an accelorator, a stimulant, quickly diffusable, when given hypodermically will often revive a flagging heart until some of the deeper acting slower remedies can pick up the thread. I have seen patients take chloroform badly, heart becoming weak and rapid, with a thin, thready pulse, respond promptly under a change to ether and continue practically normal throughout the entire period.

In closing, let me say that there are no contra-indications so far as the surgical operation is concerned; age is no bar at either end of the scale of life; they have been given up to the nineties, and the writer anæsthetized a child forty-eight hours old for hare-lip operation. Disease of the kidneys is no barrier provided the elimination of total solids for twenty-four hours is sufficient. Neither disease of the lungs nor disease of the heart, except advanced, forbids them. As to valvular disease of the heart, observation has shown that the action of that organ is steadier and better under an operation with than without anæsthetic. Even with fatty degeneration of the heart the patient is probably safer with an anæsthetic during an operation than without it. During a condition of severe shock following some crushing force sufficient to mangle an arm or leg, in which condition the patient's heart is usually weak and rapid, with a thin, thready pulse, when it seems as though to anæsthetize would mean sure death, I have seen such a case and watched the heart steady down, the pulse become full and firm under the anæsthetic, and remain so after the mangled part had been amputated. [Washington Society.]

INJURIES TO THE HEAD.

BY HOMER I. SILVERS, M. D., WASHINGTON, D. C.

Injuries about the head are of common occurrence, and are always of interest because of their association with a possible break in the bony structure.

This possibility of a break becomes a probability when the history is one of a severe blow or concussion, and it need not be accompanied by a wound of the scalp or skin.

The scalp is pre-eminently an unclean portion of the body, since the hair and hair follicles harbor innumerable bacteria, which can not be gotten rid of satisfactorily even with close shaving and scrubbing.

When it is possible to prepare the head with close attention to shaving and antiseptic poultices the danger of infection is reduced to a minimum; but with a blow upon the head causing a break in the scalp so that the hair is matted in the open wound, it is well-nigh impossible to render that wound clean.

Notwithstanding this chance of infection, wounds of the scalp in many cases heal kindly, and here we have to thank the plentiful supply of blood that reaches the head, which means a greater number of leucocytes with their phagocytic action.

Cuts and wounds of the scalp bleed freely, the neck and shoulders of the patient are often covered with blood, the hair becomes matted in the coagulating blood, and the appearance is often a gory one out of proportion to the damage done. This, of course, necessitates a careful cleansing, cutting away of the hair in the wound and the shaving of a considerable area. After this has been done a careful examination can properly be made to determine the extent of injury and to perfect hæmostasis.

The dangers from infection are increased in direct proportion to the depth of scalp wound, that is, wounds that do not extend below the occipito-frontal fascia heal more quickly and less chance of infection, and, if infection does occur, can be drained with thoroughness, hence less liability to burrowing of pus. If infection occurs beneath the occipito-frontalis fascia with tendency to burrowing, it becomes a much more serious affection, since the periosteum is usually included in the inflammation with partial destruction and necrosis of the bone supplied by that particular portion of periosteum.

Hæmorrhage from the scalp is usually free, especially if the wound includes the temporal or occipital arteries.

The firm elastic structure of the scalp favors free hæmorrhage, since there is little tendency to collapse of the vessel wall, and for this reason veins bleed freely. Naturally would be expected a greater loss of blood following an incised than a contused wound.

In cutting the scalp I have never had the misfortune to have an uncontrollable hæmorrhage, although several have been severe, requiring a free use of forceps and sutures.

A number of severe hæmorrhages have been reported that have exsanguinated the patient, delayed or entirely stopped further operative procedures, and requiring a strong, elastic ligature around the head to control the bleeding.

From the fact that the scalp is elastic it is impossible to pick up a bleeding point and ligate in the usual manner, but a suture must be employed, the needle gouging through on one side, encircling the vessel, and coming out on the same side. This will effectually stop that particular bleeding point.

Doubling of the flap upon itself will often satisfactorily check the hæmorrhage.

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Most closely associated with scalp wounds are injuries to the skull and cranial contents. It is not the direct damage to the bony structure that occasions anxiety, but is the immediate and subsequent result of brain injury. This injury to brain structure need not be accompanied by a break of the skull; although those with a fracture are by far the more serious, and conversely, those without a fracture, the effect is more transient, less profound and of a less serious nature.

This transient effect upon the brain is usually spoken of as a concussion, but more properly should be spoken of as a contusion of the brain; and this contusion is sometimes produced by indirect violence, such as a fall from a height, landing upon the feet or buttocks. One notable example of this I recall on a man who fell from a scaffold, striking upon his feet, breaking the bones of both heels. He practically lost sensation so that it was possible to manipulate his heels with very little discomfort. His memory was so affected that he could not recall his name.

Direct violence causing the brain substance to come forcibly in contact with the skull is certain to produce a contusion of the soft cortex, and so may cause a rupture of one of the vessels supplying the brain.

Intra-cranial hæmorrhage is a condition that will readily cause death if unrelieved, and the diagnosis does not depend upon the presence of a fracture.

Probably the vessels causing the most trouble in extra dural hæmorrhage are the middle meningeal artery and its branches. If the skull is fractured, particularly if the bone is depressed over the course of the artery, the danger of such a hæmorrhage is greatly increased.

Sometimes the vessel is torn across as it emerges from the foramen, by the separation of the dura from the skull. This always leads to quite extensive bleeding and a great increase in the intracranial tension, for here we have the force pump action of the artery, which increases the pressure many times its own strength.

One injury that is in every physician's mind when confronted with a traumatism about the head is that of a possible break in the bony structure. The extent of fracture naturally depends upon the kind of weapon used, the force of the blow and the area affected. The thin bones covering the temporal region being more easily broken than those of the frontal or occipital region, we would expect a sharp or pointed weapon to produce a punctured fracture or one extending over a limited area.

Fracture of either table of the skull may occur without evidence of a break in the other, especially is this the case in children and young adults in which the diploe is well marked.

Unconsciousness or paralysis does not always follow close in the wake of a fractured skull, indeed it may not be present at all.

Out of twelve cases operated upon for cranial fracture all but three were able to walk to the hospital for treatment, but given these time and there would have developed irritability together with loss of function, either motor or mental.

Two of the cases did not have a wound of the scalp, the other ten were compounded by a dirty wound.

The danger of meningitis is increased many times if the dura is punctured or opened. This covering acts as a limiting membrane on account of its dense fibrous structure, which protects the brain and more sensitive membranes from septic invasion. It is well that the dura acts in this capacity, for the great majority of the wounds are made with dirty weapons.

Three fractures were produced by pistol balls; one of these passed through both orbits, severing the optic nerves and completely destroying the man's sight.

The forms of violence that produce fractures are varied. In these twelve cases the causes were: Gunshot, three; flatiron, one; base ball bat, one; brick, one; steam shovel, one; one not stated, and four caused by falls upon the head.

One case, a fracture at the base of the skull, produced by a fall, had bleeding from the right ear, followed by considerable amount of serum and blood, which persisted three weeks without appreciable diminutition. This was rather unusual, the discharge generally ceasing in a short time.

A hernia cerebri complicated one case; intracranial tension was increased so that the brain was pushed out of the cavity, forcing the sutured flap apart and coming to the surface. Pulsation of this protruding mass was marked, and even after cicatrization the pulse could be counted. These hernia usually consist largely of granulation tissue mixed with a little brain substance, so that its loss is not particularly felt by the individual. It was true in this case, his speech being no more affected than before the hernia developed.

The seriousness of a case of skull fracture does not depend directly upon the broken bones, but upon the traumatism to the brain substance primarily, or that which the broken pieces are capable of producing; secondarily, by laceration of meninges and brain substance, thereby causing meningitis and encephalitis. If the fragments are depressed and this condition is unrelieved, there will certainly follow irritation with degeneration, and a connective tissue increase of that particular area pressed upon.

This means damaged cerebral elements with their functions inhibited or perverted, giving us epilepsy and mental faculties altered in such a way as to completely change the individual.

When suggestive symptoms of brain injury are absent there is danger of a fracture being overlooked, but if in all cases of contused wounds of the scalp the head is shaved, wound deepened and skull exposed to view, the danger is reduced to a minimum.

This routine measure of exploring every contused scalp wound is carried on at the hospital, and has led to the detection of many fractures that were unsuspected.

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Dietetics.

NUTRITIVE VALUE OF FISH.

BY T. L. LAUGHLIN, M. D., DAYTON, OHIO.

[Read before the Miami Valley Homœopathic Medical Society, Dayton, Ohio, October 26, 1905.]

As ordinarily used, the term "fish" includes, besides the fish proper, many other water animals, as oysters, clams and other mollusks, lobsters, crawfish, crabs and shrimps, turtle and terrapin.

Fish in one form or another is almost universally recognized as one of the important food materials, and enters the diet of many of our American families. Few, however, have any conception of the great importance of the fisheries of the United States, and of the immense amount of nutritive material which is every year taken from the salt and fresh waters of this country. From recent data collected by the United States Fish Commission it appears that more than 616,000,000 pounds of fish, crustaceans, etc., are actually taken from the waters of the New England States; 596,000,000 pounds from the Middle Atlantic States; over 59,000,000 from the South Atlantic States; 84,000,000 from the Gulf States; 147,000,000 from the Pacific States, and 64,000,000 from Alaska. The products of the Great Lakes' fisheries exceed 108,000,000 pounds annually, and the interior fisheries 19,000,000 pounds. The total weight of these products as they leave the hands of the fishermen is about 1,696,000,000 pounds, the value of the catch representing $47,180,000. The greater part of the above is consumed at home, although a portion is prepared in various ways for export. The preference for fresh water or salt water fish is a matter of individual taste. Both are, so far as known, equally wholesome. It may be said that fish from clear, cold or deep waters are regarded preferable to those from shallow or warm waters, while fish taken in water with a rocky or sandy bottom are preferable to those from water with a muddy bottom. Some fish, shad, are at their best during the spawning season, while others should not be eaten during this period. Fish which feed on small crustacea and other forms of animal and vegetable life, which are their natural food, are preferable to those living upon sewage and other matter which may contaminate the waters.

Fish caught by the gills and allowed to die in the water by slow degrees, as is the case where gill nets are used, undergo decomposition very readily and are inferior for food. Fish are often landed alive and allowed to die slowly. This is not only inhuman, but lessens the value of the fish. Fish killed immediately after catching remain firm and bear shipment better.

Investigations have shown that oysters rapidly deteriorate when removed from the water through the fermentative action of bacteria, and that oysters in spawn deteriorate more rapidly than at any other season at the same temperature. However, oysters which are ready to spawn are considered especially palatable if cooked soon after removal from the sea bed.

Fish contain the same kind of nutrients as other food materials. Fat is found in fish and meats. Certain carbohydrates are found in meat and fish, although the amount is not large. The value of a food is usually judged by several different standards. Thus it must be digestible and palatable, furnish the nutrients needed by the system in proper amounts and be reasonably cheap.

Fish is essentially a nitrogenous food. In this it resembles meat. Neither fish nor meat is a source of carbohydrates. Oysters contain some carbohydrates, but the foods which supply this group of nutrients most abundantly are the cereal grains. In general, it may be said that fish, meat, eggs, milk, etc., also cereals and vegetable foods all supply fat, the amount varying in the different materials. Fish usually contain less fat than is found in meat. There is, however, much difference in the fat content of the various kinds of fish. Such fish as salmon, shad, herring, Spanish mackerel and butter fish contain over five per cent. fat; white fish, mackerel, mullet, halibut and porgy contain from two to five per cent. fat; smelt, black bass, bluefish, white perch, weak fish, brook trout, hake, flounder, yellow perch, pike, pickerel, sea bass, cod and haddock contain less than two per cent. fat. The so-called nitrogenous extractives ("meat extract"), contained in small quantities in fish as in other animal foods, are doubtless useful in nutrition, although their function is not definitely known.

The place of fish in the diet, if judged by its composition, is the same as that of meat, that is, it is supplementary to cereals and other vegetables, the most of which, as wheat, rye, maise, rice, potatoes, etc., are deficient in protein, the chief nutrient in the flesh of fish. Preserved fish, as a rule, show a small percentage of refuse, with the exception of a few kinds, which are preserved whole. The percentage of actual nutrients is much larger than in the corresponding fresh fish, owing to the removal of a large part of the refuse and more or less water.

The gain in nutrients is mostly represented by protein, which is the most valuable nutrient. Canned fish, which is in effect cooked fish, compares favorably as regards composition with the fresh material. Generally speaking, the amount of refuse is small, since the portions commonly rejected in preparations for the table have been removed before canning. Shell fish resemble meat and food fishes in general composition. They contain, however, a small amount of carbohydrates. Oysters are the most important of shell fish, judging by the relative amount consumed. Speaking roughly, a quart of oysters contains on an average about the same quantity of actual nutritive substances as a quart of milk, or three-fourths of a pound of beef, or two pounds of fresh cod fish, or a pound of bread. But while the weight of actual nutriment in the different quantities of food materials named is very nearly the same, the kind is widely different. That of lean meat or cod fish consists mostly of protein, the substances whose principal function is to make or repair blood, muscle, tendon, bone, brain, and other nitrogenous tissues. That of bread contains

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considerable protein. but a much larger proportion of starch, with a little fat and other compounds; of oysters, contains considerable protein and fuel heat and muscular power. the nutritive substances which serve the body as fuel and supply it with ingredients. Oysters come nearer milk than almost any other common food material as regards both the amounts and the relative proportions of nutrients. Oysters have a useful place in the diet in helping to supply the variety which is apparently needed to insure the best working of the digestive tract or system. Lobsters, crabs, shrimps and crawfish are shown by analysis to contain a fairly large percentage of nutrients. This is more noticeable when the composition of the flesh alone is considered. Lobsters and similar foods are prized for their delicate flavor. Except in certain regions, where they are very abundant and the cost correspondingly low, they must be regarded as delicacies, rather than as staple articles of diet. This is, however, a condition entirely apart from their composition. Judged by this alone, they are valuable foods, and may profitably be employed to give variety to diet. Although the total amount of turtle and terrapin used in the United States is considerable, the quantity is small as compared with the consumption of such foods as fish proper and oysters. As shown by their composition, turtle and terrapin are nutritious foods, although, under existing conditions, they are expensive delicacies rather than staple and economical articles of diet. The total number of frogs consumed per year for food is considerable. As shown by analysis, frogs' legs contain a considerable amount of protein. Only the hind legs are commonly eaten. The meat on other portions of the body is edible, although the amount is small, and is eaten in some localities. The prejudice which formerly existed against frogs' legs as a food was doubtless based on their appearance or some similar reason, as they are known to be wholesome. There is a widespread notion that fish contains large proportions of phosphorus, and on that account is particularly valuable as brain food. The percentage of phosphorus in specimens thus far analyzed is not larger than is found in the flesh of other animals used for food. But even if the flesh be richer in phosphorus there is no experimental evidence to warrant the assumption that fish is more valuable than meats or other food material for the nourishment of the brain. The opinion of eminent physiologists is that phosphorus is no more essential to the brain than nitrogen, potassium, or any other element which occurs in its tissue. The value commonly attributed to the phosphorus is based on a popular misconception of statements, by one of the early writers on such subjects.

In discussing the belief that "fish contains certain elements which are adapted in a special manner to renovate the brain and so support mental labor," a prominent physiologist says: "There is no foundation whatever for this view."

Fish and leaner kinds of meat are deficient in materials which yield heat and muscular power; therefore, it should be stated that most physiologists regard fish as a particularly desirable food for persons of sedentary habits. While so far as can be learned, such statements do not depend upon experimental evidence, they are thought to embody the result of experience.

Neurology.

TIC DOULOUREUX.

BY CHAS. A. DAVIS, M. D., WASHINGTON, D. C.

If you should take the trouble to look up the definition of "prosopalgia" in Lippincott's New Medical Dictionary, you would find he defines the disease as a "facial neuralgia," while if you look further for a definition of "tic douloureux" you would discover he defines this distressing malady as follows: "Tic douloureux, or facial neuralgia, is a neuralgia of the trigeminal or fifth nerve, accompanied by spasm of the facial muscles."

If you should go further and consult many of the authorities on general practice, and even the authorities on nervous diseases, you will perhaps be surprised to note how little distinction they make between the etiology and symptoms of tic douloureux, prosopalgia and facial spasm. So great an authority as Hare, does not refer to it as such, in his index of diseases, but speaks of it simply as facial spasm. Taking into account that prosopalgia is defined as a facial neuralgia, and that the latter is included as an equivalent with tic douloureux in Lippincott's Medical Dictionary, it may not be surprising that the term tic douloureux is made to embody any severe neuralgia, including one, two, or all the branches of the fifth nerve, whether accompanied by spasm or not, and for this reason I shall be very liberal in the application of my title.

In a review of the cranial nerves we find that the fourth, the trochlear; the fifth, the trigeminal; the seventh, the facial, and the ninth, the glossopharyngeal, are all included in the term mixed nerves, or as being composed of both motor and sensory fibers and filaments, each with its distinct root or point of origin in the brain, but each anastomosing with some other or others, to a more or less degree, during some portion of its branches or ultimate ramifications. Thus we see that branches of the trifacial, or fifth nerve, give off filaments to the ciliary branch of the trochlear, and to the glosso-pharyngeal while the small filaments of the fifth anastomose with those of the facial nerve.

It is thus easy to see how a lesion, an interstitial irritation or a poor blood supply to this nerve might produce almost endless complications with reference to the integrity and well-being of the face, mouth, throat and even eye.

With reference to the pathology of tic douloureux, not a great deal is known of this phase of the subject, because as yet, few opportunities have been offered the neuropathologist to make careful histological studies of specimens from individuals thus affected, but from our present knowledge it can be positively asserted there are one, two or even three separate and distinct types. First, one in

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which the lesion is primarily a neuritis of the peripheral branches which may or may not extend to and invade the ganglion; second, a type in which the primary lesion first appears in the ganglion, and a third, perhaps, in which the lesion is neither in the ganglion nor branches, but in the central nervous system itself. These lesions may be of a degenerative type, an interstitial neurosis or a neoplasm.

Dana in four cases found no marked change in the nerve fibres, but he did find considerable arterio-sclerosis in the vessels of the sheath, which he considered quite consistent with the age of the patient. He, however, concluded that the symptoms were indirectly due to poor blood supply to the nerve fiber.

In summing up the various changes noted by Krance, Dana and Putnam, it appears clear that with the exception of a very few cases, no gross distinctive lesions or the true nerve elements have been found. Zabrinskie says: "We must not forget we have to deal with something producing constant discharges of those impulses which give up the sensation of pain, and that any degenerative process would interfere with the conduction of those impulses rather than augment them. On the other hand, the changes found are rather the result of interstitial inflammation of the sheaths, long-continued peripheral irritation due to toxæmia or external pressure from exostosis, swollen glands at the bony exits, or tumors of aneurismal swellings.

It is a feature of either degenerative changes, of interstitial inflammatory conditions, or of poor blood supply to the cranial nerves that any of these may produce exactly opposite conditions, as far as the functions of their ultimate nerve filaments are concerned; that is, a degeneration of a nerve at its centre, in any of its ganglia or in any portion of its trunk or filaments, may be followed by a condition of hyperæsthesia, with either motor spasm or paralysis, or either the motor spasm or a condition of paralysis may be accompanied by a condition of anæsthesia.

It can be readily understood that if the lesion was a peripheral neuritis, resection of the nerve trunk would be clearly indicated, and a central operation unjustifiable, while on the other hand, if the lesion were primarily situated in either the central root or ganglion, the futility of the peripheral operation would be apparent, granted that in either course, the question of an operation had been reached, as that of a last resort.

It is generally acceded and understood that a diseased condition of some portion of the fifth nerve is largely, if not wholly, responsible for the most distressing symptoms associated with our subject heading, and it might be well to briefly refer to a few facts concerning its anatomy and physiology. It arises from two central roots in the brain, a motor and sensory, the latter being very much the larger, terminating in its intra-cranial structure in the gasserian ganglion. This is largely, if not wholly, made up of fibers from the sensory root, and is situate at the apex of the petrous portion of the temporal bone. From the anterior border of this ganglion are given off three branches, the ophthalmic, the superior and inferior maxillary. The first two divisions are purely sensory, but the third receives the fibers from the motor root; this supplies some of the muscles of mastication, the sensory fibers supplying the skin of the face, the mucous membrane of the mouth, the nasal cavity, the conjunctiva and cornea, and the anterior part of the tongue.

When the first division is involved, the tender points will be found at the supraorbital notch, and at the emergence of the nasal branch at the lower edge of the nasal bone. When the second division is involved, the tender points will be found at the infraorbital foramen, at the side of the nose and over the malar bone. If the dental sub-branches of the second branch are involved, pain will also be referred to the teeth and gums of the upper jaw. Finally, if the third division is involved, pain is apt to be referred to one or all of its sensory branches, i. e., to the parietal eminence, temple, external ear, to the tongue, gums and teeth of the lower jaw and to the angle of the mouth and lower lip. The motor fibers from the main trunk of the nerve, accompanying this third or inferior maxillary branch, make it plain that this branch must always be involved when the neuralgic symptoms are accompanied by spasm.

In addition to a classification, 1st, as to the seat of the lesion; 2d, as to the distribution of pain, Dana makes a further classification, recognizing two types, one of a migranous type, occurring almost always in women in early life; this type, beginning in the first branch, and often becoming chronic and localized, finally settling in the second and third branches. He considers this type to be an evolution of a definite trigeminal neuralgia, on the basis of migranous neurosis.

His second type, and by far the most common of the two, affecting man as well as woman, occurs after the age of 40, and is due to a definite lesion, in either the ganglion or its branches. It is during this period of middle life that the struggle for existence is most tense, and when individuals are most exposed to injurious influences.

Going further and making a sex classification, we find that this disease largely predominates in woman; while she is not so much exposed to strenuous conditions as is man, yet her apparent sheltered position indoor makes her much more exposed to sudden changes of temperature, to an unequal distribution of heat or cold on either side of the body, produced by open windows, and to the persistent habit of following visitors to the front door, and saying goodbye about twenty times with the chill outside air striking her full on the face and neck.

The writer would modestly make a further classification as to the different sides of the body, as almost without exception every case he has seen has been associated with the right side.

In a further classification of different forms of this disease, Zabrinskie, as late as this year, 1905, boldly asserts that a true case of tic douloureux is extremely rare; that is, a severe neuralgia accompanied by a true spasm. He further says that a true tic douloureux may follow a case of neuralgia, but that here we are dealing with an entirely different clinical entity, and not with a trigeminal

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neuralgia. He asserts that cases known as tic douloureux are either grimaces assumed by the patient for the purpose of relieving pain, or else a true muscular spasm caused by irritation to the end organs of the seventh nerve. I still quote: "The precise manner by which this irritation is communicated is not known; whether this is a true irritation of the motor plexus, or a communication of impulses to the seventh nerve by means of the otic ganglion, which is closely associated with the third branch of the fifth nerve, it is difficult to say." He maintains that the best evidence that the muscular movements are due to irritation at the ultimate nerve filaments of the sensory branch, and not to any lesion of the motor fibers of the nerve, lies in the clinical feature that these movements are rarely seen except during paroxysms of pain.

He does not, however, make it appear clear to the writer of this paper why many individuals suffering with this distressing disease are good sleepers, that rest and quiet of the entire body is one of the best prophylactics we can employ, that the mere motion of the jaw in eating or talking, and the act of swallowing, usually induces a paroxysm of pain as an exciting cause, and that the motion as such in many cases, appears to be the primary factor in the irritation of a diseased sensation.

The writer does not care to criticise so eminent an authority as the author quoted; he would only like to put it on record that perhaps he does not fully understand him. With regard to frequency, there is the widest variation with which attacks occur; there may be an interval of only a few hours or of several months; usually as time goes on, the attacks increase both in frequency and severity. There can be said to be no periodicity except in those cases of malarial origin, or those in which attacks occur during the catamenial period.

Associated with the paroxysms of pain, we sometimes see certain motor, vasomotor and trophic phenomena, convulsive movements of the face, lachrymation, salivation, flushing, sweating, erythema, loss of hair, loss of hair pigment, and injection of the conjunctiva. The general neuralgic symptoms are described as sharp and stabbing, the pain being almost constant or coming in waves or paroxysms, the symptoms being aggravated by talking, chewing, taking either hot or cold fluids into the mouth, pressure over zygomatic arch, the nasolabial fold or angle of mouth.

Victims of the severe type of this disease are the objects of greater commiseration than any other class of patients; often they become so crazed as to take their lives.

Treatment. This is a very easy word to write, and it also trips lightly and easily from the tongue. Its reference to and connection with the cure or even alleviation of the symptoms of any given disease is quite another matter.

Simply as a matter of comparison with better methods, I desire to call attention to the use of Strychnine by old school physicians as being perhaps one of the most popular remedies of the day with them. This remedy to be administered in the most efficacious manner, according to their theory of drug action, should be administered hypodermically, once a day in gradually ascending doses, till at the end of two weeks, the physiological limit is reached; thus, beginning with 1-30 grain daily, the dose should be increased up to 1-10 or 1-8 grain, and when this maximum dose is reached it should only be given on alternate days.

With reference to the methods of treatment by remedies along more rational lines, their names would fill a small book, and their number is only limited by the variety of the cause of the disease, the temperament of the patient, and any present local and general symptoms which might call for any remedy from Aconite to Zincum.

With relation to the surgical treatment, I shall leave this part of my subject in better hands.

However, with reference to local treatment with the homœopathic action of remedies, I desire to briefly call your attention to electricity as a remedy, or perhaps in some cases a palliative for the horrors of the disease.

I wish I could honestly give you a larger per cent. of cures sustained through the use of electricity, but I have, however, always succeeded in affording temporary relief in a marked degree, except in one isolated case. True, many of these cases had been referred to me by other physicians, and only after they had perhaps worn out the patience of both the patient, the doctor and every known remedy. I should, however, like to briefly outline two cases, one of which is still under treatment:

Case of Mr. W., age about 50; temperament, nervous. History, three years prior to coming to me had pain in right eye, outer canthus, extending over temple and brow, second and third branches not involved. The pain and distress became so great, he was finally obliged to give up his business; he would have brief intervals of relief, which were more or less extended in character; left town on three occasions, only to return in worse condition. When he first appeared in my office he had all the appearance of a crazy man, and when he gave me a history of his case, I felt I could honestly promise him nothing.

Both the patient and the doctor were willing to try conclusions, however, and I immediately placed him under the influence of a Pifford's hypostatic transformer, which consists of a series of Leyden jars associated with an induction coil, stimulated by the high tension current from a static machine, the application being made direct to the head of patient by the use of a glass vacuum electrode. The violet fluorescence had hardly begun to glow in the tube of the electrode when he remarked, "That feels bully," the actual sensation of the electrical phenomena, as such, being almost nil, i. e., little electrical sensation, simply a sedative influence. In a minute's time he remarked: "I begin to feel better, more like myself than I have felt for months," and at the end of fifteen minutes he begged me to allow him to come again that afternoon, which I did not think it wise for him to do.

Briefly, he came every day, Sundays included, for two weeks, with a constant diminution of the symptoms, the intervals between the treatments gradually extending themselves from every other day to once a week, when at the end of six weeks I discharged him as cured.

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During the past thirty-eight months he has had four slight recurrences of the symptoms, but upon the slightest intimation of an attack he would come to the office for usually three treatments, when, perhaps, I would not see him again for nine months. He has had one slight recurrence so far this year, all the symptoms being relieved by three consecutive treatments.

Case No. 2, Mr. R., 64 years old, appeared for treatment September 25th last; came into office face the picture of despair, suffering with sharp, lancinating pains extending over right inferior maxillary bone, inside of mouth and on tongue. Could not talk except with closed jaws; any motion of jaws, eating or talking, produced stabbing pains, while the simple act of swallowing produced almost a spasm at times, salivation being extreme.

The first treatment along the same line as No. 1 brought relief at once, and five applications of the current restored him completely to his normal condition.

I did not see him again till last Saturday afternoon, when he came into the office and said that as the result of a facial shampoo, and the use of an electrical massage machine by his barber, the pain had returned, but not as bad as before. An application of the current from the Piffard's transformer brought relief, which, however, was not complete. He came into the office the next morning, Sunday, and while he could talk fairly well, the question of eating was still a fairly serious one. I cannot say for sure what the outcome of this case will be, but I feel reasonably certain that with care on his part, he will continue to improve, and that in any event he has always a haven of refuge should the symptoms recur again at any time. Gave Bryonia 3x.

Should I have another case which did not yield to the influence of the hypostatic current, I propose to make a mask of tin foil, fitting and applying this to the affected side of the face from below the angle and ramus of the jaw to back of the ear, and up to and around the outer canthus of eye. To this I should apply the negative pole of a galvanic current, the positive pole being placed at the back of the neck. This tin foil would make a very extensive electrode of excellent conducting power, to which I should attach a galvanic current of very high tensity, equal to 35 or 40 unit amperes, the large surface of the tin foil overcoming the danger of burning the skin or destruction to the deeper tissues. I would not advise anyone to use this method of the application of electricity unless he is perfectly familiar with both its mechanical and chemical action, and possesses apparatus to accurately demonstrate the strength of his current.

I have never experienced any real success attending the use of ordinary electrodes in association with either the galvanic or Faradic currents, and firmly believe their indiscriminate use in the hands of patients to be productive of more harm than good.

The application of electricity is in no way intended to take the place of the hunt for the "indicated remedy" in this distressing malady, but its application is intended to show what can be accomplished in the way of immediate palliation, at least, without the aid of opiates, which only further depress.

Finally, I hope you will bear in mind the subject matter, and its treatment only includes cases seriously involving one, two or all the branchse of the fifth nerve.

Discussion of Dr. Davis's Paper on Tic Douloureux.

By Dr. John R. Sharp, read before the Washington Homœopathic Medical Society, November 7, 1905.

Mr. President and Members of the Society:

We are compelled to consider well the opinion of a man of such wide experience in the treatment of these nervous affections. There are none present to-night who have not had experience with facial neuralgia, and especially the condition of tic douloureux, and wished many times for something else to try, having been discouraged long since by the persistence of the malady. Dr. Davis has given us a well prepared essay on this subject, and has left little yet to be said; however, it is my intention to run over briefly that which I think is familiar to all but yet will bear repeating.

These chronic trigeminal neuralgias are serious and complicating affections, though often implying a neuropathic constitution; they are actually brought on in many cases by peripheral irritation, or by causes impairing the vitality of the nervous centres or interfering with the circulation in them. In one severe case occurring in a healthy man the attack began immediately after a serious railway concussion, in which the patient was much bruised and shaken, but not injured about the head as far as known.

In other cases it is impossible to trace them to any cause; when the neuralgic habit has been fairly established it becomes practically independent of its origin.

The neuralgia may affect one branch of the trigeminal nerve or several branches simultaneously. It has also a tendency to spread from one division to another, or from the fifth to the occipital nerves.

The neuralgias of the first or ophthalmic division are sometimes of malarial origin, and even when not malarial, are liable to recur in regular daily paroxysms for several weeks, usually attending a catarrhal inflammation of the frontal sinuses. Disease of the conjunctiva or eyeball (glaucoma iritis) are other causes of this form of neuralgia, but it must be borne in mind that if we may judge by the sequence of the symptoms, the glaucoma and a variety of other structural changes may be the result of the neuralgia instead of its cause. Similarly, an increased deposit of dentine has been apparently traced to the lower branches of the fifth nerve, but the effect may have been mistaken for the cause.

Chronic neuralgia of the second and third division of the fifth is in a large proportion of cases excited by carious teeth, ossification of the pulp cavity (said to be especially common in persons of gouty tendency) and other affections of the teeth as well as of the alveolar process.

These irritations usually set up a neuritis which has several times been demonstrated on excised

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nerves, and this neuritis is doubtless capable of keeping up the neuralgia after the original source of irritation has been removed.

No doubt on account of some physiological peculiarity which we cannot more nearly unravel, unless relieved by treatment these neuralgias often last indefinitely even throughout the patient's lifetime, though sometimes with long intervals of relief.

The treatment of this form of neuralgia varies little from that of other forms of superficial neuralgias, and the results are equally discouraging. Various remedies from time to time suggest themselves from a homœopathic standpoint, and the attack goes on until relief is given by some one of the numerous coal tar products; even these are often disappointing, relief only being obtained by the use of an anodyne; and with oft-repeated attacks and like results the physician and patient are glad to consult the surgeon to interfere radically with this most distressing condition, so that with a knowledge of how futile our efforts usually are in this very obstinate disease.

I am sure we are all very grateful to Dr. Davis for the time and study necessary in perfecting a plan of treatment to effect such uniformly good results as outlined for this almost intractable disturbance.

Legislation.

THE LEGITIMATE SPHERE OF STATE BOARDS.

Students' Rights.

Since the State board has risen above the horizon and is still ascending towards the zenith of the medico-legal sky, there have questions arisen relative to the legal intent of the acts of their creation. The boards exist for no other reason in the world than to shield and protect the public against incompetent doctors. There is not an iota of excuse for their being except that their fellow men, when they are sick, may not be made worse by incompetency upon the part of some one performing a real or pretended medical service. Many questions arise from misunderstandings upon the parts of both boards and colleges as to the prerogatives of the former. A medical college is an assemblage of students for the purpose of acquiring medical knowledge to the end that they may subsist by what is popularly called practicing medicine. The sole function of a medical examining board is to look after students.

Every passenger railway coach has two buffers, one as each end. Like the coach, a medical college has its buffers interposed by its State board at each end of its course. That at the "front" end is to prevent incompetent students from entering. The unfit to study medicine are "buffeted off" from even an attempt to enter college. At the close of the college course the board buffets again to prevent the qualifying of the incompetent. Two standards are set up, one for entering college one for entering practice. The first is based upon the theory that men will enter upon the study of medicine who have not enough general education to enable them to grapple with technical subjects. The examination for practice is based upon the theory that faculties, who are the agents employed in assisting students in learning medicine, are not the proper persons to settle the matter of students' qualifications to practice. Left to themselves, students may not always wish to wait and serve their time and qualify their minds sufficiently in the high schools or other institutions devoted to general education, and sometimes may crowd upon the faculties asking to have rules waived or credits granted when they deserve only discredit. Colleges, for the sake of large classes, may tend to become lax in enforcement of their rules or set them aside altogether. Faculties may also yield to importunities from eager students and tend to become lenient in granting diplomas.

The Intent of the Laws.

Granting that there may, sometimes, be a laxity in enforcing entrance requirements and a leniency in granting diplomas, we must concede the right of the State to appoint a non-partisan, candid, competent and just board who will decide for the public safety, as the public may direct, as to who may study and practice medicine. The intent of all laws regulating medicine is, or should be, that competent physicians only be permitted to engage in practice, nothing more.

The States provide public schools for the education of their children. High schools are instituted and maintained at the public expense that those who desire to enter upon technical studies or qualify for the activities of business can be prepared. The high school is the State's own preparatory for professional studies. The public does not contemplate that any intermediate links are necessary between the free schools and universities or colleges. If it were aware of their existence it would not submit to any arbitrary rules or dictation as to special points or fractions thereof. The public considers that its rights are sufficiently protected, so far as preliminary education goes, if a candidate for a medical college finishes a prescribed course in a good high school. If a particular professional college, by its faculty or trustees, desires to impose an intermediate course of preliminary study between the high school and itself, it certainly has the right to do so; but neither by implication nor intent do the laws delegate to any boards of examination or registration such arbitrary right. No board has the right to oblige any graduate of a first class high school to do more than the amount of work stipulated by its curriculum in order to receive its certificate of graduation, neither has any board the right to dictate to a school boy from the time he leaves the grammar school just what studies he must take and what, of necessity, he must neglect in order to study medicine.

The intent of the legislatures who pass the laws is that the graduate of any first class high school is prepared to enter upon the study of medicine. It is the training to habits of acquiring knowledge

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and the discipline of the mental faculties that is expected, not some particular line of alleged scientific study. If, with his high school diploma in his hand, he is not prepared to study medical subjects as medical courses are now mapped out, it is the duty of the board rather to bring the teaching of the medical schools to the status of the boy, not to compel the boy to take a "condition" and enter upon professional life under the cloud of a half point of arrearages in mathematics or two points, if you please, in biology or a language. He has the double burden of his medical studies and the making up of conditions for the first year's work. In all probability the distraction from his medical studies will far over-balance what he gains by "getting off" the arrearages.

Any board attempting to enforce a special kind of course or preliminary high school study, apart from what a student takes under the supervision of the corps of teachers in a city high school, is exceeding the powers bestowed upon it, and, in the opinion of competent judges, exposes itself to the censure of the courts.

President James, of the University of the State of Illinois, in his inaugural address, used language to the following effect: The student in the State high school shall, when he goes to college, have a suitable preliminary training to enable him to take up, with profit and advantage, college studies, be they technical or otherwise, in a college spirit and by college methods. The intent is not that any technicality of boards' rules or splitting of points shall be countenanced. A fair and square four year's high school course is all any board has the right to require.

A Case to Illustrate.

A young man, a graduate of a high school in one of our capital cities, presented his high school certificate to the secretary of his State board of medical registration to receive what? a clean permission to enter medical college? No, the information that he could only enter upon the condition of a half point in trigonometry. The young man protested and plead that he had other grades in abundance to offset the fraction of a deficiency in mathematics. He had language, natural science and history, even more than required by his high school, to counter-balance his deficiency in knowledge of triangles; but no, there was imposed upon him the first condition of his student life as he entered college with the arbitrary command that he must "get off" the deficiency in trigonometry within twelve months. That boy's father should take the case to the supreme court and determine what law sanctions such dictatorial and arbitrary conduct. Some day the courts will be invoked in the interest of rational interpretation and application of the laws regulating the practice of medicine.

We wish it understood that we are picking no quarrel with the State board; only a word of caution, but unless the caution be misunderstood, we summarize by saying, first, the legislatures did not intend that any dictatorial, unreasonable rulings should be made; second, unless the intent of the laws is carried out the boards may find themselves "reorganized" out of their present existence and into one of rationality and common sense exercise of their functions.

Practice of Medicine.

THE TONGUE AS A DIAGNOSTIC AND PATHOLOGIC INDEX.

BY C. A. WARNER, M. D., SENIOR INTERNE NATIONAL HOMŒOPATHIC HOSPITAL, WASHINGTON, D. C.

As far back as we can trace the habit of examining physicians, we find a certain portion of the technique of inquiry to bear a characteristic similarity. Certain forms of questioning, certain modes of observing seem to have followed the art of healing, from the times of Hippocrates and Aretæus. The lack of deviation from these forms, by generations and generations of family physsicians, has shrouded a few of these particular ceremonies in a veil of solemnity to the instinctively superstitious laity. Moreover the physicians are not exempt from having adopted certain of these routine interrogations for little if any other reason than that their use has been a custom of the profession.

Of these veteran diagnostic guides, probably none has been more persistently and generally employed by the physician, or looked upon as a more important guide to health and disease by the patient, than the tongue. Yet it is an organ, the diagnostic knowledge of which, to the general practitioner, seems to be most shallow and limited. Its relative value is not alike to doctor and patient. To the doctor it has been an ever-present, though oft neglected bulletin, varying in its popularity from a valuable source of constitutional symptoms with some to a sign of but little consequence in other than local lesions to others. But by the patient it has been looked upon as the keynote to the human mechanism of health and disease.

Apparently modern views of the profession in reference to the tongue's value in diagnosis does the organ an injustice, for accurate knowledge of the tongue does not seem to be a possession of many practitioners. It seems rather to be an organ examined because of superstitious reverence, or because it is a demand of the laity. Those who examine the tongue with a complete knowledge of the organ in its many phases, and who can appreciate the significance and value of these variations, appear to constitute a very small group of present day physicians. It is to be regretted that the quantity of literature relating to the tongue is not in proportion to its quality, yet even the little there is would be of inestimable value to physicians were it easier of access.

A careful search through past and present day writings upon this subject shows the tongue's evolution to have been a most interesting one, and its value to the physician momentous.

In the infancy of medicine the known means of diagnosis were few indeed, and the observation of

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the physician comparatively shallow. Yet even then, the tongue was a recognized organ of diagnostic importance. To be sure its sphere of service in this department was then a markedly limited one. The pronounced variations it underwent concomitant to variations from health, as noticed by the early, careful observers, gave it the necessary prestige for its adoption as an invaluable symptom in many conditions, if not a helpful guide in all.

In the writings of such medical pioneers as Hippocrates and Aegineta frequent mention of the tongue in various diseases is made.

The observations of these men revealed to them but few changes in the organ, and these they were apt to empirically associate with certain definite diseases. These men noted such changes as enlargement, dryness, roughness, redness, and black and white coatings. But these changes did not appeal to them as diagnostic of constitutional derangements as much as evidences of a local pathological condition. In other words, the tongue was thought to be the seat of the disease when changes in its appearance were noticed. In conformity with this belief, no little time was spent in studying means of ridding the tongue of its abnormal coating of disease. For which purpose they adopted such remedies as oil of roses, quince seed, and Indian salt, and even resorted to scraping. They cautioned with much emphasis the dry tongue patient from supine sleeping and mouth breathing.

With the progress of medicine came the endeavor to attribute accurate physiological and pathological causes for the various changes of the tongue, and several unique theories had each their eminent followers.

Boerhaave, a renowned practitioner and distinguished writer of the eighteenth century, offered the first reasonable hypothesis. Having reference more particularly to dryness of the tongue, he associates, especially with febrile disease, a drying of the excretions and secretions of the body, and explains how consequent lessening of salivary secretion must result in a dry tongue. He warned the profession to make careful investigation for disease where a dry tongue had been noticed. But he cautions against mouth-breathers who may exhibit this same type of tongue.

Piorry, of the early nineteenth century, championed the already mentioned mouth breathing as a factor in the tongue's abnormal condition with such ardor and to such an extreme that he attributed practically every manifestation shown by the organ to the passage of air over its surface. Its coatings were but the result of the evaporation of saliva and the aging of the residue. To him these coats had no pathological significance.

There is abundant evidence that Piorry's theory has not been entirely abandoned by modern physicians.

It was during the time of Piorry that the belief in close relationship of the tongue to the alimentary tract was beginning to flood like a tidal wave into the acceptance of the medical profession. That this organ was ordained by Providence to stand as the accessible sentinel of the gastro-enteric tract in all of its numerous physiological and pathological vicissitudes was a most logical deduction, a most readily accepted belief, especially to the laymen. Dr. Billing was the foremost advocate of this theory, and his convincing writings upon the subject are undoubtedly largely responsible for the ready acceptance and long life of this theory.

Since this time not a few prominent men have advanced numerous and varied hypotheses, some of which have been most unique.

To the scientific investigation of such men as Salter, Copeland, Butlin, Hutchinson, Fothergill and Dickinson we owe the present knowledge of the tongue, which is now so thoroughly based on scientific physiological and pathological principles.

The Tongue, Its Development.

In its embryological development, the tongue makes its first apearance in the pharyngeal region as two minute anlogues. Its maturity is the result of the union of two distinct growths, an anterior, which is but the thickening of the floor of the oral cavity, and a posterior growth, which more accurately is composed of two similar thickenings in the floor of the pharynx. These posterior masses grow forward and form a V into which the anterior growth fits like a wedge.

Evidence of this junction can be noticed in the adult tongue by following the circumvallate papilla.

In the progress of its development this mass becomes freely movable anteriorly. The body of extrinsic muscle fibres, with their accompanying fibrous and adipose tissue, are capable of manifold variations in form and usefulness.

Coincident with their growth is that of the tongue's mucosa. This membrane in its several functions is the principal cause of the tongue's specific usefulness. The physician so largely depends upon changes in the appearance of this membrane, for the tongue to mean anything to him in a symptomatic way, that it deserves a little more careful didactic dissection.

As a roof to the muscular framework of the tongue, there is a dense connective tissue covering (corium). Upon this is found the rete malpighii, the deepest of three epithelial layers, forming the mucous membrane. The cells in this layer are columnar in shape and pronouncedly nucleated. As they advance to the outer layers, this shape changes to the lozenge variety, and finally the squamous or horny type. It is by this external layer of squamous cell that the tongue is generally coated, and to changes in which, the physician most frequently looks for diagnostic guides.

As specialized developments of this membrane we have the several varieties of papillæ. Scattered throughout the dorsal surface of the tongue in the oral cavity are the filiform papillæ, while on the tip, and along the edges, are the fungiform variety. The circumvallate papillæ, seven to twelve in number, cross the tongue in a wedge shaped line at the juncture of the anterior and posterior growth.

On the pharyngeal portion of the dorsal mucosa are found the parallel lines of lymphoid masses and mucous glands.

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To the circumvallate and fungiform variety be-

long more particularly the sense of taste, though numerous taste buds are scattered promiscuously throughout the dorsum of the tongue. The filiform is supposed to be more especially tactile in sensation.

Conditions of the tongue as evidence of disease in the organ itself are not numerous, yet they should be well enough understood to avoid mistaking them for symptoms of constitutional derangements. Where the tongue is the seat of disease, we usually find the changes in the organ to be those of size, particularly enlargement. However, a few local abnormalities may be evidenced by change in color. In the tongue itself are found such local pathological conditions as glossitis, hemiglossitis and macroglossia, also cancers and cystic growths. All these conditions are associated with enlargement of the tongue, but of so characteristic a type as to make differential diagnosis easy. A very small tongue will be noticed in atrophy of the lingual muscles, but this condition can usually be directly traced to disease of the, hypoglossal nerve or nucleus, or to inferior polioencephalitis.

Atrophy from disuse in hemiplegia will also produce a much shrunken tongue. As to the change of color, those due to the stains from contact are prominently foremost. A simple red tongue may be due to such drugs as nitrate of mercury, caustic potash, and caustic soda, and to certain wines and fruit. Wines and fruit may again be responsible for a purple tongue. A black tongue may result from preparations of iron, bismuth, charcoal, and biniodide of mercury. Tea tasters and those who use tobacco regularly will not infrequently exhibit a brown tongue. This same color may result from such substances as licorice, rhubarb, charcoal and the tincture of opium. Such corrosive substances as chromic, hydrochloric and nitric acids will rapidly produce a yellow tongue.

The simple ulcer of the tongue as a result of glossitis is a painful lesion, also of local origin.

Constitutional derangements that are not accompanied by some unnatural variation of the tongue, are, indeed not numerous. These definite variations or objective conditions of the tongue, are, however, not so much symptomatic of a determined disease, but are almost invariably indicative of a particularly constitutional condition, which may be common to innumerable diseases. Most emphatically does this apply where the alterations of the tongue are those of coating.

As a result of constitutional disease, clinical and laboratory observations, show the variations in the tongue, to be changes in color, coating, degree of moisture, size, shape, mobility and the presence of fissures, ulcerations, eruptions and elevations.

Color.

Normally the tongue is of a dull pink color, with a slight coating of yellowish white fur uniformly covering its dorsal surface. It is perceptibly moist throughout, and when protruded, its motion is steady and decided.

This picture of the healthy tongue is not devoid of variations, for the normal tongue of many individuals, may be a marked contrast from this picture. Yet it is an effigy that will serve as the most uniform type of healthy tongue.

In changes of color, the tongue is indeed prolific. Its pigmentary versatility, moreover is coincident to many diseases, and the result of the direct contact of many substances, as previously explained.

Crimson Red.

This tongue when not lacking moisture, is characteristic of a highly irritable gastro-enteric tract.

In diabetes this tongue is also a conspicuous and consistent symptom.

A similar tongue which, in addition to its bright red color, is void of moisture, showing a bared, or denuded surface, is found in all diseases where vitality is very low. This so-called raw beef tongue is a most unwelcome symptom in any disease, and its red signal, of impending crisis, cannot be too promptly heeded.

The Simple Red

Tongue is an early symptom in fevers and inflammations, and a condition present in glossitis. Again in hæmorrhage in the submucous tissue of the tongue, there is a resulting redness, but this rapidly changes to blue or black spots or areas. In typhus fever, and in low typhoid states, the color of the tongue is that of red, changing to black. But the onset of the discoloration, and the associated symptoms, give it a meaning both characteristic and exclusive.

Bluish or Cyanosed

Tongue can almost always be attributed to failing compensation in the heart, though the bluish blotches in hæmorrhage mentioned above can be enrolled under this color.

Addison's disease and old glossitis cases reveal a still more exclusive color in the purple tongue.

Yellow

Is a pigmentation of the tongue, especially of the under surface, in severe jaundice. It may be noticed not as a uniform coloring, but as spots or patches in xanthelasma.

The Pale, Colorless

Tongue is to be found with anæmia.

Coating.

The question has often been asked: To what is the coating of the tongue due, and of what does it consist?

Of those to make answer, none were more thorough or more accurate than W. Howship Dickinson, of the St. George's Hospital, London. His classification of the coatings of the tongue is the one used by many modern diagnosticians in their differential grouping.

The coating of the tongue is known to be the result of a morbid overgrowth of the epithelial layers, viz., lengthening of the papillæ, increase in size of the deeper structures of the column and augumentation of the epithelium between the papillæ. This diseased growth seems to be due to pyrexia, or, at least, is associated therewith.

However, as a factor in this growth, disuse is not to be forgotten. The increase of the epithelium in the formation of this covering is so extensive as

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to form a distinct, sometimes thick layer. Associated with the epithelial accumulation there is food debris, bacteria, chiefly micrococcus and amorphus matter.

The amount of this deposit may be of very extreme degrees. It may be so slight that it forms only a hoar frost over the surface, and then, again, it may be so pronounced as to form a thick, compact plaster or an encrusted coating.

Adopting, as have many others, the classification of Dickinson, the stipple tongue is the name given the first slight change in the coating. Here is noticed a slight increase of the normal covering with little, if any, structural changes. The coating consists of numerous fur tips which crown the papillæ. It is not a continuous coat, but an area of white dots.

With such a slight alteration may be associated disease or pathological conditions evidenced in the patient by little else than apathy, constitutional indifference. It is, in other words, a tongue to be attributed to disuse.

The Stipple Coated Tongue.

This type is but an advanced degree over the stipple. It has the pronounced numerous white dots, but, in addition, a white layer is noticed between the papillæ, even to such an extent at the base of the tongue as to form a continuous coating. There are also found such structural changes as an increase in the deep epithelium, and an elongation of the papillæ.

Accepting the theory that abnormal changes in structure and appearance of the epithelial covering of the tongue is the result of fever, it is not surprising that evidence of pyrexia should be associated with this practically initial deviation from the healthy tongue.

It is, therefore, a tongue present in the early stages of acute and constitutional affections associated with fever. Clinical observations have found it to be a not uncommon tongue in chronic diseases that run a moderate fever.

The complete covering of the tongue, or familiar coated tongue, necessarily suggests diseases further advanced in febrile manifestations; diseases pronouncedly acute. It is a type of tongue in which the epithelial production has been so extensive, and the retention of debris so great, that a uniformly white coat has resulted. A coat to remain white but a short time, however, when associated symptoms of vomiting may be present, or where conditions call for medicines and nourishment capable of producing discolorations. In constitutional affections that have much prostration associated this tongue is almost invariably present.

The Strawberry Tongue

Has been classed as a type of the coated tongue. Here the highly injected or congested fungiform papillæ are so distinctly visible through the white cover as to produce a most impressive picture. It is most frequently associated with scarlatina, though Dickinson speaks of it as not infrequently occurring in pneumonia, typhoid fever and perityphilitis.

The coating of the tongue, which shows its system of development in the distinct steps already mentioned, reaches the extreme degree of its growth and formation in the plastered tongue. In this variety the accumulation has developed into a thick uniform layer resembling plaster. At the edge of this plaster-like coat, an abnormal redness of the mucosa is present.

The epithelial overgrowth is here, even more pronounced than in any of the previously mentioned types. In this variety of tongue there is much chance for valuable study and observation. Close scrutiny of this plaster covering, will reveal changes of most reliable prognostic value. The presence of a plastered covering to a tongue is not an encouraging sign in any condition, but its appearance or character when understood, cannot but be a great help to the prescriber.

It is known that the whiter the coating the more acute or abrupt the disease. The thicker the coat the more severe the disease. With increasing severity of a disease, and advancing prostration, this white plaster will develop a dirty brown tint, and the coat will become dry and cracked. Particularly does this apply to severe illness of long duration.

The furred or shaggy tongue presents a type closely related to the various coated tongues already mentioned. It is a picture of excessive papillary growth, and its hairy appearance is not an uncommon condition in the aged. It develops frequently as a secondary manifestation to the coated tongue, and less often to the stipple or dotted tongue in progressing diseases. The elongated filiform papillæ are each capped with a dry, brown, resistant crown, and this abnormal resistance associated with the lessened activity in disease, and the lack of saliva, is responsible for the shaggy tongue.

The diseased conditions suggested by this tongue are indeed numerous. However, its presence suggests more particularly the ills of old age, the waning of vital power and destructive metabolism It is also a common symptom of constipation.

When in the inter-papillary spaces of the shaggy tongue there is deposited an accumulation of amorphus matter, fat globules, accidental matter and vegetable organism, with its resulting crust formation, the tongue is known as the encrusted dry and brown tongue. It is not difficult to recognize, and not soon forgotten when once seen, nor in its presence slow in impressing upon the physicion the seriousness of the case. The entire upper surface of the tongue is covered with a dry, thick brown crust, fissured and broken in numerous directions. The under surface is smooth and clammy.

The same conditions that caused the furred tongue, may be considered responsible for the encrusted variety. The inability of the patient to remove this tongue debris by friction and moisture, because of low, depressed condition, produced the encrusted tongue. In other words, it is the tongue of severe diseases that have run a long course.

It is this encrusted tongue that is commonly known as the typhoid tongue. It is often found in

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the lower form of this fever, but could not be considered characteristic of it. In fact, the presence of pyrexia is not at all necessary for its development.

The Bare or Denuded Tongue.

In conspicuous contrast to the various types of coated tongue already mentioned is the bare, or denuded, tongue. Two conditions so extreme in appearance, yet so intimately related in disease. As a matter of fact, the denuded tongue is frequently an advanced stage of the encrusted. Grossly it appears as a dry, raw, red tongue with an absence of its superficial epithelium. Upon closer observation and study, it shows irregular denuded patches, or small areas, where there is complete exposure of the underlying corium. To the irritation caused by the exposure of this vascular tissue can be attributed the marked injection of blood, to which the prominent red color is due. This type of tongue is strongly suggestive of chronic ailments, especially those in which an exhaustive drain is being continually made upon the body. In dysentery, and in various lesions accompanied by a persistent discharge of pus, we have excellent examples of conditions with which this tongue is most often identified, and the presence of which offers a poor prognosis.

Dickinson has observed in association with this tongue, no matter how exhausted the patient, the mind remains clear to the end.

Cyanosed Tongue.

This smooth, bluish or purple tongue is easily recognized. An enormous growth of the deep epithelium becomes so thick and uniformly distributed over its surface as to give the appearance of a wet, slippery skin having been fitted upon it.

Notwithstanding its presence is strongly indicative of heart disease and albuminuria, neither of these conditions should be too readily accepted as the positive diagnosis, for it has been known to be a prominent symptom in leucocythemia, abscess, pneumonia and diphtheria.

Degree of Moisture of the Tongue.

The healthy tongue is moist Lack of moisture was recognized by physicians of the past as an unfavorable omen, and this view is the one taken by all modern practitioners. Yet there is a physiological as well as a pathological dry tongue. But in the so-called physiological cause we discern a semblance of ill health. The mouth breathers offer the most frequent, if not the only, cause for physiological dryness of this organ, yet how frequently is mouth breathing but a symptom of some lesion of the respiratory tract.

Pathological dryness is almost invariably due to some constitutional disease, these diseases (by one way and another) resulting in decreasing secretion and increasing evaporation. Two conditions which we recognize as the immediate cause of dry tongue, yet which we understand are but the result of some constitutional abnormality. The anomalous constitutional conditions or symptoms apparently alone responsible for these two states are pyrexia, dehydration and exhaustion.

In pyrexia the overheated tissues of the body tend to dry or lessen all secretions, and the tongue and salivary glands are no exceptions. The increased temperature of the exhaled air may act as a factor in drying the tongue.

Dehydration, an excessive elimination of the fluids of the body, is necessarily associated with dry tissues, chronic diarrhœa, and increased urination, as in diabetes mellitus, are the most frequent examples of this cause of a dry tongue.

Prostration or exhaustion with its waning vital powers never extends over any length of time without being accompanied by a dry tongue. The more prolonged the ailment, or the more chronic the disease, the dryer the tongue. It is, in fact, a most unwelcome and alarming symptom, and there are few more positive signs to betoken death than the persistently dry tongue in chronic diseases.

Tongue Mobility.

From the motion of the tongue can be obtained much aid in diagnosis. Certain of its movements may not only be significant of constitutional conditions common to various disorders, but may be indicative of definite diseases. These movements may be expressive because they are so excessive, or because they have been so diminished. The total absence of movement, is also an important aid in diagnosis. The tremulous tongue, so void of rest, is a reliable symptom in marked asthenia, chronic alcoholism, bromism, general paralysis of the insane, paralysis agitans, disseminated sclerosis and typhoid states. It is claimed to be a sign of intestinal ulceration when noticed in typhoid fever.

The quick, rapid motions of the tongue, noticed especially when the patient protrudes the organ for inspection, suggests hysteria and hypochondriasis.

A spasm of the tongue is a prominent symptom of chorea and epilepsy.

The slowly moved tongue and the tongue of limited motion point with emphasis to other definite conditions and lesions. Where, in response to a question to protrude the tongue, the organ is slowly and listlessly extended, mental stupor is at once suggested to the examiner. This type of movement of the tongue is noticed in the typhoid state.

The limited motion may, however, be the result of partial or unilateral paralysis. In this instance the tongue, while quiet, deviates from the paralyzed side, but upon protrusion it reverses conditions and deviates to the paralyzed side.

Unilateral paralysis of the tongue is the result of a cerebral lesion.

The total absence of motion is found in bilateral paralysis, and suggests disease or injury of hypoglossal nerves, disseminated sclerosis and post-diphtheritic paralysis.

Size and Shape of the Tongue.

Disease, whether local or general, may cause decided alterations in both the size and the shape of the tongue. These changes are known to be due, almost always, to one or the other of the following diseases: Diseases causing enlargement of the tongue: Glossitis, hemiglossitis, macroglossia of idiots and cretins, myxœdema, chronic heart and liver diseases, anæmia, mercurial poisoning, and the circumscribed enlargements of gumma and cancers and cysts. Diseases causing diminution in the

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size of the tongue: Peritonitis, chronic gastritis and atrophy from disuse, bulbar paralysis and disease of the hypoglossal nerves and their nuclei.

Fissures and Furrows.

These names are the most common to describe the grooves not infrequently seen in the dorsal surface of both the healthy and diseased tongue. Grooves that vary so in depth and length and appearance and are so irregular in direction that much of their value in differential diagnosis is lost. It is known, however, that they are frequently the results of habitual use of alcohol and tobacco, rough, irregular teeth, and old, previous inflammations. To many practitioners fissures of the tongue suggest digestive disorders and chronic nephritis. It is very generally believed that they accompany secondary syphilis. They are frequently present, however, in the tongue of apparently healthy people.

Eruptions Etc.

The tongue may be the seat of the eruption of many infectious diseases as measles, variola, erysipelas and others. It is often involved in general tuberculosis and syphilis, either by the presence of a fissure, ulcer or node.

TREATMENT OF ACUTE BRONCHITIS.

BY M. J. HILL, M. D., STERLING, ILL.

This branch of the subject being given to me, I would say, should the doctor be fortunate enough to meet a case in this stage of the disease, the general care should be thorough. The patient should be put to bed and kept there until better. The first thing to do is to relieve the irritation of the inflamed membranes and hasten secretion. To do this, hot fomentations, or poultices, properly applied, such as bran, flaxseed, or antiphlogistine, or flannels wrung from hot mustard water; later, a cotton vest. The room should be kept warm and the air moist. Inhalations of medicated steam, such as compound tincture of benzoin, a dram to the pint of hot water, or oil of pine needles used in the same way. The diet should be simple, the bowels kept open by enemata or laxative medicines. All the above are but adjuvants to internal medication, which should be in strict accord with the indication of the drug used.

Aconite. From exposure to cold air with fever, thirst, restlessness, skin dry and hot, dry cough, often the patient fears death, or even the approach of any one, even the doctor, nurses or friends. The remedy should be continued until the symptoms are abated or subside.

Bryonia. When the inflammation is of the larger tubes, cough dry and teasing, stitching pains aggravated by movements of coughing, with headache, bursting feeling when coughing, Cantharis should be considered with Bryonia, especially if the urinary symptoms of Cantharis are present.

Phosphorus. With dry cough, aggravated by entering a warm room the mucus raised streaked with blood.

Ferrum phosphoricum. Often demanded in children when the sputum is stained and nervous symptoms are marked.

In very irritable cough at night there is no better remedy than Hyoscyamus niger. There are many good remedies which time and the length of this paper will not allow me to give in full detail of symptoms, yet I cannot pass them by without referring to their names in part. Belladonna, Sticta, Kali bichromicum, Codeine, Rumex, Sanguinaria, Drosera, Pulsatilla, Lachesis with its peculiar aggravations by external pressure on the larynx. There are good fields for gleaning gems of Materia Medica all along the line of this most common disease in this climate. In the latter stages we often will be led to Kali bichromicum, Sulphur, Hepar sulphuris, Tartar emetic, Antimonium, Ipecac, Apomorphia, and Stannum. Most of these remedies give best results in the lower potencies. I might continue indefinitely, but I trust this will be sufficient to excite your thought along the line of Materia Medica as applied in acute bronchitis. [Rock River Inst.]

Current Medical Literature.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

Disorders From Eye-Strain—O. A. Griffin, Jour. A. M. A., January 6, '06.

Comparatively few realize the very important role played by the conditions of eye-strain in causation of disease. Perhaps the most notable exception, not counting the oculist, is the neurologist. Not one of them but makes sure that he knows the exact state of the eye before he undertakes the treatment of any disease of the nervous system. But the average physician has not yet fully grasped the fact that an unbalanced eye may produce symptoms remote from that organ and that these symptoms cannot be removed until proper attention is paid to the causative factor.

Dr. Griffin makes this point especially prominent in his article. From his wide experience as an oculist he draws the conclusions as stated above. He deprecates the fact that text books do not call more particular attention to the condition, because of its vast importance. And it is a condition which is growing each year more prevalent because of the exaggerated and unfair use to which the eye is ordinarily put. We are altogether too careless about our eves.

Dr. Griffin cites chronic headache, gastric disorders, nervous exhaustion, insomnia, epilepsy, chorea and hysteria as being in many instances dependent wholly or in part upon eye-strain. He calls attention to the fact that a patient may have the condition and not show indications so long as he has reserve force enough to counter-balance the strain, but sooner or later the time comes when this nervous force is exhausted and serious symptoms develop.

He quotes a number of cases illustrating the position he takes, all of them showing that by proper attention to the condition much harm may be avert-

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ed. He acknowledges, also, that glasses are sometimes, yes, many times, prescribed when they are not required, but argues that this fact must not be used as an argument why glasses should be refused patients where the condition calls for them. He protests against patients being permitted to wear glasses prescribed indiscriminately by the many "optical doctors," "opticians" and others whose signs, "Eyes Examined Free," attract the passer-by. The article is a strong one and should result in many readers realizing their past shortcomings and paying more attention in the future to the needs of their patients in this particular regard.

Knowledge of the "Elective Affinity" of Drug Essential to the Knowledge of the Totality of Symptoms—George Royal, Hahn. Mo., Jan., 1906.

We are taught in physiology that certain tissues have a selective affinity for certain substances or certain fluids. It is by virtue of the possession of this quality that the body is kept in its normal status Hence it follows that such tissues must be kept in mind as regards their peculiar needs in order that the substances or fluids they may require may be supplied. In the abnormal state, the state of disease, the same principle holds good. Certain tissues, diseased, have special affinities for certain remedies required to restore them to a condition of health. It is the knowledge of such special affinities of drugs for tissues that Dr. Royal argues is necessary in order that the prescriber may do his full duty to the sick. He uses the term synonymous with "tissue proclivity," which is preferred by some. Hahnemann recognized this quality as being present after noting the constant effect a certain drug had upon certain tissues. It is important for the reason that this factor is often the deciding one when two or more drugs seem to be closely related to the condition under investigation.

Dr. Royal calls attention to the fact that this point formed one of the chief grounds upon which the old school based its ridicule of the methods and claims of the new, and that this ridicule ceased only when the notaries of the old school began the study of serum therapy. This "taught them that an antitoxine which was helpful in diphtheria was of no possible value in tetanus." "It being a new discovery, and having nothing to do with Hahnemann's 'elective affinity,' this property of drugs was called 'tissue proclivity' by the old school; showing another example of 'graft' which they are always working on us."

He cites three cases each having the following symptoms: Drowsiness, stupor, unconsciousness, insensibility of the pupils to light, as sharp cry, jerking of the muscles and retention of the urine. To the first he gave opium, because the patient was infected with "typhoid poison," and the remedy is a deep acting one having an elective affinity for the nervous and circulatory systems. To the second he gave Apis, because that remedy has an elective affinity for the urinary organs, causing a condition similar to uræmic coma. The third case needed a remedy which had an elective affinity for the nervous system, as the coma was hysterical and Nux moschata was given. "This knowledge of the selective affinity of drugs," the author says, "can not take the place of a knowledge of the totality of symptoms. It can only perfect or supplement the latter." In closing he takes occasion to emphasize his belief that the most successful way to prescribe is upon this totality of symptoms. He also says that a knowledge of physical and clinical diagnosis is another absolute necessity for the successful physician.

The Genesis of Homœopathy—E. C. Price, N. A. J. Hom., Jan., 1906.

A most scholarly paper is this, showing careful research and profound thought. It is one which should really have a wide circulation because it deals with a very vital point in the history of our school of medicine. Time and again has the claim been made that Hahnemann was a plagiarist, that the idea of "similars" was to be found in many writings antedating his, and that he simply claimed and appropriated that which was not his. And time and again have homœopathic writers acknowledged that the idea of the similar could be found elsewhere than in Hahnemann's writings, but this article by Dr. Price is the first we have seen in which data have been gathered and systematically arranged, all credit being given where credit belongs. But nowhere do we find a writer who makes the application as Hahnemann made it, or works out the idea to its full extent as Hahnemann worked it out.

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Hippocrates, who lived five centuries before Christ, was the first to whom the enunciation of the principle is credited. In one of the books written by a contemporary of his it is even asserted "that under certain conditions, purgatives will bind the bowels, and astringents loosen them," and that while in general the treatment should be "contraria contraris curantur," the opposite holds good in some cases, namely, "similia similibus curantur."

The author shows also that Asclepiades, who lived in the first century before Christ, practiced a crude Homœopathy undoubtedly according to ideas imbibed from the school of Cos of the Hippocratic period.

In the fifteenth century Paracelsus taught that remedies owed their efficacy to what he called an "arcanum," which he defined as an "indwelling spirit," a term not far removed from "dynamics," and furthermore, he advocated administration by olfaction, another idea endorsed by Hahnemann and ridiculed by the old school.

Dr. Price takes up a very interesting discussion of the development of inductive philosophy, which plays so profound a part in all of Hahnemann's writings. It is an acknowledged fact that he was one of the deep thinkers and most profound philosophers of his age, this showing in his ready utilization of what had for hundreds of years been developing so that he could from these conclusions formulate a law of cure.

Dr. Price then goes on to consider the further development of the ideas which are so inseparably connected with Homœopathy. He speaks of the teachings of Robert Boyle in the seventeenth century, that a diseased organism is much more sensi-

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tive to influences than a normal organism and does not require massive doses. Then he takes up Haller's declaration in the erly part of the eighteenth century, that if we wish to know how to use a drug in sickness it was necessary to first test it upon the healthy. Here come in two suggestions, the single remedy and proving.

About the same time Miliane Haller wrote of two forces at work in the human organism, first the nervous fluid, and second, the vis medicatrix naturæ, the latter standing guard over the life force and in disease causing a stimulating of the life generative force, over-stimulation of the same giving rise to the necessity for drugs.

Such was the condition of the world of medicine when Hahnemann was born. All through his medical practice, even before he enunciated the law of the similars, "he endeavored to apply the simplest kind of medication, endeavoring to approximate the therapeutic simplicity so desired by Bacon, Sydenham, Boyle and Hallar." The development of his life's work is well known to all Homœopaths and is most excellently set forth by the author in the further discussion of his subject, and in such a logical, careful, convincing way that he who runs may read, and reading be satisfied that the School of Homœopathy is founded upon a broad, indestructible base, which shall be as enduring as the world itself. The law of similars is a law and therefore, true yesterday, today and forever.

Societies.

ROCK RIVER INSTITUTE OF HOMŒOPATHY.

The 85th quarterly meeting of the Rock River Institute of Homœopathy was held at the Galt House, Sterling, Ill., Thursday, January 4, 1906.

Meeting called to order at 10:30 A. M. by President F. J. Scott, of Rock Falls.

After roll call, to which a large number responded, the minutes of the previous session were read and approved.

The names of G. B. Busbee, M. D., of Clinton, Ia., and W. O. Story, M. D., of Franklin Grove, Ill., were presented for membership, and they were elected.

Morrison was selected as the place for the April meeting.

Report of the treasurer was read, after which the Society listened to the president's address, entitled "Attitude of the Profession Toward Secret Nostrums." It was a scathing arraignment of these so-called panaceas for human ills, and urged a united effort on the part of the doctors, both in society and as individuals, to thwart the evil, both from an advertising standpoint in the journals, and in practice, by enlightening the public as to the great dangers in their use.

It was moved and carried that the suggestions embodied in the address be acquiesced in by the Society. Adjournment for dinner. At 1 o'clock the regular reports of the bureaux were taken up, and the following program carried out:

Acute Bronchitis, Diagnosis, Prognosis and Sequelæ—W. I. Carolus, M. D., Sterling, Ill.

Treatment—M. J. Hill, M. D., Sterling, Ill.

Chronic Bronchitis, Diagnosis, Prognosis and Sequelæ—F. W. Gordon, M. D., Sterling, Ill.

Treatment—C. Lanning, M. D., Morrison, Ill.

Pneumonia, Diagnosis, Prognosis and Sequelæ—F. J. Scott, M. D., Rock Falls, Ill.

Treatment—S. S. Kehr, M. D., Sterling, Ill.

The papers were discussed by the various members, and many interesting points brought out. Society adjourned.

A. W. Blunt, Sec'y.

F. J. Scott, Pres.

MICHIGAN SECTIONAL SOCIETIES.

Detroit, Jan. 14, 1906.

Dear Doctor:

The officers of the Michigan State Homœopathic Medical Society are endeavoring to encourage the formation of sectional societies in order to strengthen and unify our profession. The first meeting of the Southeastern Section, including the counties adjacent to Wayne, will be held on Tuesday, February 6th, at Detroit, in the amphitheatre of Grace Hospital. It is intended to make this meeting largely clinical, and the morning session will be devoted to surgical work and the afternoon to medical work. As the work of the meeting will be largely clinical, you are urged to send or bring interesting clinical cases. For further particulars, address

S. H. Knight, M. D.,
37 East Willis Ave.,
Chairman Organization Committee.

CHICAGO HOMŒOPATHIC MEDICAL SOCIETY.

Chicago, Jan. 1, 1906.

Dear Doctor:

The Homœopathic Medical Society of Chicago has appointed a *Medico-Legal* Committee to act in harmony with a like committee appointed some years ago by the Chicago Medical Society, in the prevention of blackmail.

The record of the committee of the Chicago Medical Society is that no member has, since its existence, been obliged to pay one cent in damages; nor has a single judgment been given against any member, who was defended by the committee.

The joint committee employs a prominent firm of lawyers who direct as to what is best to do whenever any trouble is feared or is threatened; direct as to what evidence should be procured and how, and prepare all cases for presentation to court. Our attorneys conduct the actual trial in court, but without any expense at all to the accused member except a per diem fee for actual time in court, which is only one-half their regular fee. Experience shows that about 95 per cent. of the cases are prevented from getting into court.

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The union of the two committees gives every member of both societies the advantage of the results of the labors of all. It prevents rivalry of schools in the way of expert testimony, and assists in procuring the best expert testimony from either school in every case. It presents so solid, dignified and compact a body that "shyster" lawyers do not dare to combat it.

The method of procedure is very simple. Any member of the society who has paid his dues, immediately calls on a member of the committee, when any trouble is threatened or even if he fears there may be trouble, states the case fully and frankly from his standpoint. The committee advises what is the best course to pursue at that time. Then investigating the matter thoroughly, collects all facts for or against, and takes up the advisability of seeing or corresponding with either the accuser or his attorney, in an effort to prevent the actual beginning of suit. If this is found impossible the attorney of the committee enters defense; the committee also personally gives all possible assistance at the trial. The committee will be ready at any time to advise as to whether any certain course or act is legal or not.

The committee does not undertake to shield any one from the consequences of criminal acts.

It is desired that every physician in good standing in Cook county shall avail himself of this protection. All that is necessary is to become a member of the Homœopathic Medical Society and keep your dues paid.

[Signed.] W. A. Evans, M. D., Chairman;
H. N. Moyer, M. D.,
C. D. Pence, M. D.,
J. P. Cobb, M. D.,
N. B. Delamater, M. D.,
Medico-Legal Committee.

The Hospitals.

MIDDLETOWN STATE HOSPITAL.

It is planned by Dr. Adolf Meyer, the Director of the Pathological Institute of the New York State Insane Hospitals, to hold meetings twice a year only in the district of the up-State hospitals comprising Buffalo, St. Lawrence, Gowanda State Homœopathic Hospital, Willard, Rochester, Utica and Binghamton State Hospitals, and one of the down-State hospitals, composed of the Poughkeepsie, Mattewan, Manhattan, Long Island, Central Islip, Kings Park and Middletown State Hospitals. The Middletown State Homœopathic Hospital had the honor of having the first meeting in the down-State hospital district held at its institution.

The object of this conference is to improve the medical services of the hospitals by the reading of papers, presentation of instructive and interesting cases, and discussions on various topics.

The meeting was presided over by Dr. M. C. Ashley, the medical superintendent of the Middletown State Hospital, while, besides Dr. Meyer and Dr. Kirby, of the Pathological Institute; Dr. Russell, Medical Instructor of the New York State Hospitals, and Dr. Brooks, a visitor from Westboro, Massachusetts, State Hospital, there were present one or more representatives of five of the down-State hospitals.

Dr. Brewster, of the Middletown staff, read some reports and presented some cases of excitement resembling those of dementia præcox, but in which the diagnosis was not clear, so that placing them in an allied class either to dementia præcox or manic-depressive insanity was considered.

An interesting case of acromegaly was presented with a brief report.

Dr. Pashayan, of Kings Park State Hospital, reported two interesting cases of so-called chronic mania.

The session of the evening was taken up with a review of the past year's pathological work at the Middletown State Homœopathic Hospital by Dr. R. E. Mitchell, of the hospital staff. He reported that 45 per cent. of 80 deaths during the past year came to autopsy. The autopsy findings of the year were presented in summary. Dr. Meyer presented some specimens and drawings of specimens furnished the Pathological Institute by the Middletown State Hospital. He congratulated the hospital on the number of specimens received, one-fourth of those from all the State Hospitals combined, and on the instructive character of many of them.

The third session held on the morning of the 21st was commenced by the reading of a paper on hysterical insanities, with the presentation of the histories of illustrative cases by Dr. R. C. Woodman, first assistant physician at the local institution.

Dr. Kirby, of the Pathological Institute, made a partial report of cases examined at the Pathological Institute during the past year.

Dr. Barrus presented three cases of recurrent depressions, with abstracts of their histories.

The conference was closed by some remarks by Dr. W. L. Russell emphasizing the value of the conferences.

The Library.

BOOK REVIEWS.

A Compend of Medical Chemistry.

By Henry Leffman, A. M., M. D. P. Blakiston's Son & Co., Philadelphia, 1905.

This is one of the Blakiston quiz compend series which has reached its fifth edition, and that is a sufficient testimonial of its value and popularity.

Differential Diagnosis and Treatment of Disease.

By Augustus Caille, M. D. D. Appleton & Co., New York and London, 1906.

The first book of the year from this well known publishing house is this excellent work on Clinical Medicine. It is well arranged, modern. "Drugs," says the author, in the preface, "no longer domi-

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nate our therapeutics; therefore, the prominence is given to hygienic, prophylactic, dietetic, hydrotherapeutic and physical method of treatment." This fact will make the book valuable to members of our own school for the drug treatment of disease by the allopathic school never added anything of value to the works of that school. We have better, but we can study with profit the advances made in other fields, and it is here that this work excels. We can commend it as a thoroughly live work.

Man and His Poison.

By Albert Abrahams, M. D. New York: E. B. Treat & Co., 1906.

The subject of self-poisoning is ably treated in this little work, and it is a subject about which every physician of every school should know. The book is most readable, and we can warmly commend the same. The author finds it difficult to reconcile some actions of remedies that are simply homœopathic; for instance, he says he has found Nitroglycerine (Glonoine) useful in sleeplessness, and rather than acknowledge its Homœopathicity, he would upset the anæmic theory of sleep. The way some writers avoid the homœopathic law of cure reminds of what Touchstone says, "I will never be aware of mine own wit until I stub my toe against it."

Nervous and Mental Diseases.

By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago, and Frederick Peterson, M. D., President of the State Commission in Lunacy, New York; Clinical Professor of Neurology and Psychiatry, Columbia University. Fifth edition, revised and enlarged. Octavo volume of 937 pages, with 341 illustrations. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

It is not at all surprising to us that a fifth edition of Church and Peterson's work should be necessary. Indeed, such a success was to be expected from what is undoubtedly the most complete and authoritative volume on nervous and mental diseases to-day. In preparing this edition Dr. Church has carefully revised his entire section, placing it in accord with the most recent psychiatric advances. In Dr. Peterson's section—Mental Diseases—the Kræpelin classification of insanity has been added to the chapter on classifications for purposes of reference, and new chapters on Manic-Depressive Insanity and on Dementia Præcox included. While the changes throughout have been many, they have been so made as but slightly to increase the size of the work. A number of the illustrations have been replaced by newer and better ones. We can confidently say that this work will maintain the reputation already won.

Gall-Stones and Their Surgical Treatment.

By B. G. A. Moynihan, M. S. (London), F. R. S., Senior Assistant Surgeon to Leeds General Infirmary, Leeds, England. Second edition, revised and enlarged. Octavo of 458 pages, beautifully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

The first edition of Mr. Moynihan's work on gall-stones was completely exhausted in eight months. Mr. Moynihan, by his masterly presentation of operative technic and clear, logical discussion of indications and contra-indications, has won an enviable place in contemporary abdominal surgery. In this edition, increased in size by some seventy pages, many additional case records have been incorporated and a number of new illustrations added. We note also the addition of a very valuable chapter—Congenital Abnormalities of the Gall Bladder and Bile Ducts. It is evident that the whole text has undergone a careful revision and all recent work along the line of gall-stone surgery included. Mr. Moynihan's book still holds first place in its field. The illustrations are very beautiful, especially the nine colored plates.

Diseases of the Skin.

By Henry M. Dearborn, M. D., New York. Second edition, revised, enlarged and edited by Frederick M. Dearborn, A. B., M. D. Boericke & Runyon, 1906.

The second edition of Dearborn's Diseases of the Skin revised, rewritten and enlarged, by Dr. Frederick M. Dearborn, son of the late and lamented Dr. Henry M. Dearborn, is before us.

This work is the most complete up-to-date and largest work on diseases of the skin in the homœopathic school, and is one of which any homœopathic physician may be proud to possess, for not only does it give the latest and most approved ideas on dermatology, but it gives the latest ideas on homœopathic treatment as well, and we are not of those who believe there is nothing new in homœopathic treatment. The development of the uses of our remedies along dermatological lines as expanded and expounded in this work is one of its best features. It is finely illustrated with plates and half-tones, photo-therapy, radio-therapy and other physical agents are up-to-date. Surely no one of the homœopathic school could do anything but recommend and praise this work.

It is published by Boericke & Runyon, of New York, and its price is $6.00.

Transactions of American Institute of Homœopathy, Session of 1905.

The Transactions reached us just before going to press of this issue of the Medical Century. The volume compares well with the preceding ones. We note the omission of the Committee on the Institute of Drug Proving. It would seem quite as important as the Committee on the Institute Journal. We also note the magnanimous listing of the O., O. and L. Society as among the sectional societies for 1906. What has that society to do with the American Institute any way? Why should the Institute spend its money to set the type to carry their "ad.?" Wonder if the Institute received pay therefor. Our State societies should demand listing of their officers, even down to the censors, as

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sectional societies, for are they not really more of one than the O., O. and L., which thrice "refuesd the kingly crown?"

Again, we notice a little carelessness in the editing of the volume. Why should Dr. Crawford's discussion, on page 123, be repeated for another paper on page 143. In the matter of names sufficient care has not always been exercised. We are aware that the proof-reading of names is most difficult, and yet one that demands the most care. Most of us like to see our names in print, but most of us like to see them correctly spelled and initialed. The editor does not mind being called Willie, but it is not his name. We find a Dr. J. B. Bregg Custic, of Washington, a J. Ascoe Chase, a G. S. L. Febre, an E. S. Baley, of Chicago; a G. F. Adamas, of Kenosha; a C. B. Kinyor, of Ann Arbor; a J. A. Leufestry, of Mt. Clemens; an E. C. Meleams, of Va. (meant for Williams); a Mebster, a D. A. Maclan, of Detroit; a G. B. Rici, of Boston, and some dozen or so of others. It is a feature that mars somewhat a fine volume full of fine papers and discussions.

Correspondence.

Letter From Florida.

Jacksonville, Fla., January 22, 1906.

Dear Medical Century:

We need several good men in this State to occupy locations where a physician of our school could do well. We want men who are homœopathic, first, last, and all the time. Men who are loyal to their creed, and are not afraid to express themselves as such. We do not want men who use compound tablets, crude drugs, or who send prescriptions to a drug store. I have practiced Homœopathy for thirty-seven years, and am willing to pay $100 for any prescription of mine that can be called allopathic. To sometimes give a laxative to clear the intestines, or an enæma to clear the lower bowel, is only using a mechanical means to overcome a mechanical trouble, but when it is necessary to prescribe for a well-defined diseased condition, the similar remedy in attenuation is all that is necessary.

I believe that a great deal of the careless prescribing which leads some homœopathic physicians to prescribe allopathically, is sheer unadulterated laziness. Let him be a daily student of Materia Medica and he will have no reason to be disloyal to his creed, and I believe will have a more peaceful conscience.

Homœopathy has not become the tremendous power for good that it is through such prescribing as is shown to be used in Cook County Hospital, Chicago, in the December number of the Medical Advance. I am an alumnus of Hahnemann Medical College, and certainly am not proud of the showing made by members of the faculty of that honored institution. If that is the kind of Homœopathy taught there now, I sincerely hope that the spirits of Cooke, Ludlam, Small, Beebe, and others of former days, may have no means of knowing how their successors have fallen from grace. The Homœopathy that I was taught there was not that style, and I am only too thankful that it was not. What I learned has enabled me to treat pneumonia for thirty-seven years with but two deaths, and to pass through an epidemic of yellow fever in 1888 with but seven deaths in 213 cases.

I use the potencies from the 3x to the higher ones, and am satisfied with the results.

Henry R. Stout, M. D.,
President of the Board of Homœopathic Medical Examiners, State of Florida.

"One Day Pneumonia."

Editor Century:

In December Century I noticed the article on "One Day Pneumonia," and I wish to offer such a case recently in my hands.

December 1, 1905, Mr. K. called, giving a history of chilliness, malaise, etc., for past two days; while in my office had a violent chill, the temperature, 99.2°. He walked four blocks to his home, and I was telephoned to call at once, as he was very sick, spiting blood, etc. I responded at once and found the temperature, 103.6°; pulse, 100; respiration, 40; vomiting, coughing, bloody sputum in abundance, headache, etc. Chest examination was deferred till the second visit, five hours later, when the temperature was 102.2° and otherwise relieved; rales were pronounced over right lung, left lung clear. The Aconite 3x which had been given frequently was replaced by Belladonna, and the following morning the temperature was normal and remained so; however, the rusty and blood-streaked sputum, gelatinous, so characteristic of pneumonia, continued to be thrown off for two days, when he sat up and slowly gained in strength; his first day out December 8th, although still very weak. I also handled a case the exact counterpart of this May 14th last, in a patient who had previously had pneumonia; I think theree years having lapsed between the attacks. In the latter case there was not a pronounced chill and Ferrum phosphoricum gave the same result in twenty-four hours, leaving the characteristic sputum for some days.

I am encouraged to offer these cases as one day pneumonia by your journal reporting other cases from observers of repute.

A. M. Moore, M. D.,
Broughton, Col.

Miscellany.

Perfume in Therapeutics.

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It has long been known that certain odoriferous exhalations can exert a powerful influence on par-

ticularly susceptible individuals, even producing marked nervous disturbances. It has been shown that perfumes or odors produce nervous and respiratory reflexes, as well as urticaria and vertigo. These manifestations are rarely single, but combined or alternate. Odors will also produce adecided impression at times upon the digestive apparatus. Among the symptoms arising in the latter condition are nausea, vomiting, diarrhœa, and excessive salivation. Nausea is more common, this symptom being excited by stenches, as well as odors from certain flowers or plants.

Odors, whether agreeable or disagreeable, are not causes of disease in the sense generally taken. They may disorder certain health functions by impairing nervous energy, by diminishing wholesome respiration, and thus creating a predisposition to attack by disease. And yet, strange as it may seem, scavengers, collectors of night soil or garbage, and laborers in slaughter houses or tanneries, do not seem to be particularly affected in consequence of inhaing the odors so prevalent in the vicinity of their labors. We are familiar with the assertion that emanations arising from manure act as a specific in rheumatism. Severe faintness is sometimes observed to overcome persons upon their entrance into a room in which tuberoses are kept. Headache is often produced by the odors emanating from the honeysuckle, lily, rose of Sharon, or carnation. The odor of betony, in flower, is said to have caused intoxication in those who gather it. The making of linseed decoctions, and the triturating of roses, pinks, walnuts, or colocynth, are often accompanied by attacks of synope. Snakeroot, or black cohosh, has a faint, disagreeable odor, which sometimes causes headache and nausea. The odor from freshly ground coffee produces in some individuals a sickening sensation followed by nausea, and, in rare instances, vomiting, but usually it is agreeable and appetizing. These few illustrations will suffice to show the marked influence that may sometimes be exerted over the nervous system by certain odors.

Attempts have been made to utilize odors in therapeutics. For instance, musk is said to exert a powerful impression on the sexual appetite. Persons given to lasciviousness are noted for their particular preference for this odor, and hence it has been suggested to employ this drug on these lines in the treatment of diminished sexual appetite. The odors of vanilla and heliotrope are credited with possessing a soothing influence over persons subjected to attacks of nervousness. The use of toilet water in the form of a spray will often restore those exhausted with the cares of business, social, or domestic duties. In the East the use of perfume is considered a purifier, though we look upon it merely as a luxury. It is asserted that those who are employed in laboratories where perfumes are made, or among growing flowers, are healthy to an extent exceeding those not so employed. As a result of further study and careful observation, it may be that we shall yet be able to utilize perfume in the treatment of certain complaints.—Medical Record.

An Indian Doctor in London and at the Vatican.

The very many who have been ministered unto in one or other of "the thousand natural shocks taht flesh is heir to" by the Homœopathic Poor Dispensary, Mangalore, South Canara, will be glad to bear excellent news of Dr. Lawrence P. Fernandes. He left Mangalore for Bombay last May on his way to Europe. The five years of close application to medical studies in the Grant Medical College, Bombay, where he consistently held one of the highest places in every branch, and the subsequent two and a half years of ceaseless professional work in Fr. Muller's Charitable Instutions at Kankanady, had somewhat undermined his health, never too robust. Our readers are, doubtless, aware that Fr. Muller's Institutions comprise a Leper Asylum, a Plague Hospital, a Hospital for men and women, a Poor house for the aged of both sexes and a large Dispensary, to all of which Dr. Fernandes had to attend as Fr. Muller's right-hand man. No wonder, therefore, that the Father, noting the doctor's failing strength, should bethink himself of allowing him the benefit of a sea trip. Though the financial pressure was great at the time owing to the erection of several buildings necessitated by the growing needs of the place, the extra expense which would be incurred, would, it was thought, be amply justified by the vast advantage of a voyage to Europe which would at the same time afford the doctor exceptional opportunities to add to his knowledge and skill in surgery, Homœopathy and particularly ophthalmatology, a specialty of his. How completely these expectations have been realized is evident from the fact that in London , where he spent four months, he made the acquaintance of the foremost authorities in medicine, both allopathic and homœopathic. His introduction notably to St. Bartholomew's Hospital, to the famous Homœopathic Hospital in Ormond street and the Moorfield and Westminster Eye Hospitals in London will stand him in good stead in his medical wor kat Kankanady. He left England for Leipzig in October, and visited the far-famed establishment of Dr. Wilmar Schwabe, one of the oldest and most reliable homœopathic pharmacies in the world, from which Fr. Muller has been receiving the major portion of his supplies for the last twenty years. He was most hospitably entertained by the good doctor and his friends. From Leipzig Dr. Fernandes proceeded to Venice and from thence to Rome.

The Assistant of Father Muller, S. J., at the Vatican.

On Saturday, the 14th of October, Dr. Fernandes, who was accompanied by Mr. Verwega as interpreter, had the honor of being received in a special private audience by the Holy Father. Mgr. Bisletti, Master of the Chamber, conducted Dr. Fernandes to the private room of His Holiness, and having presented him retired. The Holy Father in his white garment was seated at his desk, the appearance of which showed he had been at work.

After receiving the doctor's homage, the Holy Father most amiably invited him to take a seat close by him and told him that he was already well

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informed with regard to the charitable and humane work which had been founded by the good Father Muller, and expressed his great admiration for him, for Dr. Fernandes, his brethren and assistants who have so nobly chosen to devote their lives to the glory of God in the spiritual and temporal care of the lepers and sick natives.

His Holiness took a great interest in some photos which Dr. Fernandes submitted to him, enquiring how many beds the wards contained and all about their arrangements, and was told that the Leper Asylum averages thirty patients, all castes and creeds being admitted, but they are generally converted to Catholicity. The General Hospital for Catholics only, contains seventy beds; then there is the Bubonic Plague Hospital, and, finally, the Dispensary for outdoor patients who average about a 100 a day, and are supplied with medicines and attendance gratis, here there is no distinction made of caste or creed. The hospital staff consists of four infirmarians besides Dr. Fernandes, and seven nurses, all Indians and working under the direction of Father Muller, S. J.

The Pope was much pleased with this report, and enquired how they managed to meet the expenses of these establishments, which must be very considerable. Dr. Fernandes replied that the expenses are met by the profits of the sale of Father Muller's famous specifics and homœopathic medicines, as well as from voluntary contributions from patients, customers and well-wishers. The Holy Father expressed the hope that the institutions will continue to prosper and will be supported as they deserve, "for this is a truly grand and charitable work. I give my special blessing to all its benefactions," he added.

His Holiness then conversed on other matters, and consented, with much pleasure, to write under a photograph of himself a special and beautifully worded blessing for Father Muller, Dr. Fernandes, the staff, assistants and benefactors of the Kankanady establishments of which the following is the translation:

To our beloved son, Father Muller, S. J., and Dr. Lawrence Fernandes, who have both well merited of the foundation of the hospital for poor lepers in Mangalore, and to all equally beloved benefactors, who help in this favorite work of charity, and to all the sick, praying for resignation from Heaven in their sufferings we impart with all our heart the Apostolic Benediction.

From the Vatican the 14th October, 1905.

Pius, P. P. X

Dr. Fernandes then knelt and His Holiness, placing His hand upon his head, gave him the Apostolic Benediction. Having encouraged him and his brethern to persevere in their noble work and to remember that God's blessing is upon it, he shook hands with the doctor, bade him good-bye, and presented him with a case containing a silver medal coined at the Vatican in the second year of his reign.

On the same evening Dr. Fernandes was received most kindly by His Paternity, Father Martin, General of the Society of Jesus, who also gave him his Paternal Benediction.

The doctor was afterwards presented to His Eminence, Cardinal Steinhuber, S. J., who showed great interest in Father Muller's work, and enquired minutely as to the working of the hospitals, about the staff, number of patients, etc., as well as about the college and the work of the Mission. The aged Cardinal praised Dr. Fernandes's work, and blessing him, hoped that many others would follow his example.

The doctor left Rome on Sunday, for Naples, en route for India, and he arrived in Mangalore on the 9th of November, to resume his labors of love for the poor.

Acute Rhinitis.

Allium cepa.—Excoriating nasal discharge, while that from the eyes is bland. Constant sneezing. Symptoms aggravated when coming in a warm room.

Arsenicum iodatum.—Watery, irritating, excoriating discharge from the anterior and posterior nares, frequent sneezing, which comes on in paroxysms. Worse in the open air. Hyperæsthetic rhinitis.

Camphor.—Dull, pressive headache; fluent, watery discharge from the nose. Pain over and back of the eyes. The eyes watery and sensitive to light; paroxysm of sneezing. Involvement of the frontal sinuses.

Gelsemium.—Fullness at root of nose with irritation of the nasal passages producing constant sneezing, with discharge of mucus; redness and soreness of the nostrils and nasal chamber. Chills running up the back with cold hands and feet. Dull aching over the body, especially pronounced in the muscles of the limbs and in the joints. Weakness of the lower limbs after slight exercise. —Eye and Ear Journal.

Medicine in the Far North.

Gynæcology would be useless in the Arctic regions according to the observations of Dr. Senn. The art of healing has no place at all with the Eskimos. They have neither physicians nor medicines, and the applications such as are common in domestic practice are entirely unknown; in fact, never thought of. Even in accident cases, or in internal diseases, remedies have no place with the natives. There are no tumors of any kind known among them.

Lipomas and fibromas, common in the tropics, have never been observed in the Arctic regions. Warts or retention of cysts of the appendages of the skin are never discovered. The Eskimos never wash their faces, hands or bodies. They never bathe. The underwear for the body, in the case of the women, is made of bird skins. The outer garments are of fox or bear skins; they are crudely dried, and no attempt at removing the odor is ever made. The entire family sleep in one bed. A community interest prevails, the women exceed the men in numbers, and the value of a man's life is

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placed at about his ability to aid in the support of the community.

Surgery is entirely unknown. The art of obstetrics is crude beyond belief. The woman in labor is really cared for by all the members of the community. The notice of approaching confinements is communicated to each hut by tapping on the roof, no word is spoken. At the time of the birth of the child, a woman who has been confined at least once remains with the expectant mother until the birth is completed. The umbilical cord is hacked in twain close to the child by means of a stone; no hæmorrhage following. The mothers nurse their babies for two years. Infant mortality is very rare.

There are no surgical instruments of any kind. A pair of crutches made for a man once injured, and who had been obliged to crawl for many months, created intense excitement when he was taught how to walk by their use.

Female diseases are never known, except possibly a few cases of gonorrhœal infection in seaport towns.—E. S. Bailey, M. D., in the Clinique.

U. S. Census Shows Antitoxin a Failure.

The friends of antitoxin can get but little comfort from the United States census report for 1900. In fact, a comparison of the figures given for diphtheria and croup for 1900 with those for 1890 ought to make the cold chills sweep up and down their spines.

The statistics show that for 1880 there were 7.6 deaths from diphtheria per 10,000 of population; for 1890 there were 4.1 deaths per 10,000, and for 1900, 2.2 deaths per 10,000 of population. It is plain, therefore, that diphtheria was becoming a much milder disease before the advent of antitoxin, and that the decrease in the death rate was almost as rapid before 1890 as it has been since.

In 1880 there were reported 38,398 deaths in the United States due to diphtheria; in 1890, 27,815, and in 1900, 16,485.

If it were not for the fact that the death rate from this disease was rapidly decreasing prior to the discovery of antitoxin, these last figures would seem to be a magnificent showing in favor of the serum therapy. But there are some other facts that will be hard for the friends of antitoxin to digest. During the census year of 1900 there were six States and the District of Columbia that reported a larger number of deaths from diphtheria than for 1890, viz.: Alabama, 7 more; Delaware, 28 more; District of Columbia, 48 more; Maryland, 258 more; Tennessee, 29 more; Arkansas, 44 more; Texas, 180 more.

The per cent. of increase for 1900 over the figures for 1890 is: Alabama, 8.7; Arkansas, 68.75; District of Columbia, 33.3; Delaware, 33.73; Maryland, 88.05; Tennessee, 17.15; Texas, 109.63.

This large increase in the percentage of deaths from diphtheria cannot be due to the colored population of those States, as there were reported but 664 deaths from diphtheria in 1900 among the entire colored population of the United States.

But the bacteriologists tell us that diphtheria and croup are one and the same disease, and both should have antitoxin administered. "They are both caused by the Klebs-Lœffler bacillus." Very well. Comparing, as before, the figures for 1900 with those of 1890, we find that there are no less than fifteen States that show an increase in the death rate from croup. Alabama shows an increase of 211, or 57.33 per cent.; Tennessee, 360, or 60.20 per cent.; Georgia, 285, or 71.07 per cent.; Indiana, 13, or 4.26 per cent.; Mississippi, 183, or 80.97 per cent.; Arkansas, 205, or 57.58 per cent.; Kentucky, 197, or 34.5 per cent.; New Mexico, 26; North Carolina, 155, or 44.57 per cent.; South Carolina, 44, or 25.88 per cent.; Texas, 186, or 42.33 per cent.; Virginia, 69, or 26.9 per cent.; West Virginia, 130, or 66.32 per cent.; North Dakota, 16; Louisiana, 6.

If we combine the figures for croup and diphtheria for 1890 and 1900, there are still ten States that show large increases in the death rate.

In Alabama there were, in 1900, 218 more deaths from croup and diphtheria than from the same diseases in 1890. In the District of Columbia, 18 more; Maryland, 185 more; Tennessee, 389 more; Georgia, 266 more; North Dakota, 5 more; Arkansas, 249 more; Texas, 366 more; West Virginia, 64 more; Mississippi, 179 more.

It will be noticed that four States show an increase in the death rate from both diseases, diphtheria and croup.—Medical Brief.

The Fees of the Trained Nurse.

It is a well known fact that the fee of the trained nurse makes her services in the home of the middle-class wage earner impossible. The physician has a sliding scale, asking more from the rich man than he does from the less fortunate for the same services, but the nursing profession has not yet advanced so far. Perhaps it is a case of the law of supply and demand. When all the women practising nursing cannot find engagements at $25 per week, some will be glad to accept the more moderate fee within the means of the workingman. Certainly many nurses are seeing more deeply the ethical side of their work, and they will recognize more and more their responsibility toward the poor and the great middle class.—N. A. J. Hom.

For Sale.

To the purchaser of office equipment and household goods I will give $5,000 cash practice in one of the best cities in Ohio. A splendid opportunity. It will take $1,000. Don't write unless you can furnish that amount. Best of reasons for selling. Address E. O. J., care Medical Century.

For Sale.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Editorial.

THE CONDITION OF OUR COLLEGES.

The Journal of the American Medical Association, in its recent educational number, showed that the number of students in the colleges of the United States had been diminishing greatly during the past few years and asserted that the students in Homœopathic colleges had fallen off in a proportionately greater number than in the colleges of the other schools. Doubtless the wish was father to this thought, and the reason given, namely, a raising of the standard of medical education, implied that this was the cause of the Homœopathic falling off. Upon examination of the facts, however, we find that though there has been a general falling off in medical students, the homœopathic schools have not suffered proportionally so much as the allopathic schools. We find that there has always been years or a series of years when there have been less medical students than in another year or series of years. There seems to be a rise and fall in the numbers and this wave-like process has been evident for fifty years or more. We have had two or three years of the depression, and now it looks as if we were to have a rise that would overtop the crest of all previous waves.

To find out the actual condition of our colleges we addressed the secretary of each college a letter asking for certain information. In the case of the colleges who were prospering the answers came promptly, in those that were holding their own less promptly, and in those that were falling off in numbers very tardily or not at all, and in those that came not at all one can easily see one reason for the non-success of the institution, for if the secretary is as dilatory in answering communications from students no wonder they are wanting. However, we had other means of learning the status of the colleges, and we present to our readers what we have learned, and we are pleased to state at the outset that it shows an increased number of students in our colleges as a whole, a prosperous condition and a fine outlook for the future.

The Hahnemann College of San Franciso reports prosperity, though not with any marked increase. The senior class has one increase and the sophomore one. When it is considered that many of our single Eastern States, with two collgees located therein, have more homœopathic physicians to draw from than there are on the entire Pacific Coast, we can realize the good showing of our California college.

The Kansas City Hahnemann Medical College has had perhaps the most marked increase in students of any of our colleges. Thirty-six new matriculates divided as follows: Freshman, 17; sophomores, 7; juniors, 10, and seniors, 2, have been aded this year, making the total number of matriculates, fifty-five. Our friends on the Missouri are certainly to be congratulated on this fine showing, and the Century wishes to be among the first to offer these congratulations. We have many friends in Kansas City. We have been on a committee to decide quarrels between factions, and we have even been accused of favoritism, but all these quarrels seem to be over, and the reorganized faculty, "the last and best yet," is doing work of which we are all proud.

The New York Homœopathic College for Women shows a slight diminution in the number of matriculates. This, in this institution, is readily accounted for "in personal or family or financial reasons," and is not in any way due to diminished interest in Homœopathy.

The Homœopathic Medical College of Missouri has a material increase in students this year over last, the increase being entirely in the freshman and sophomore classes, and these are the classes in which the prosperity of a college is seen.

The Southern Homœopathic Medical College shows somewhat of a diminution in students. We understand that the reasons for this decrease are merely local, and that possibly the near future may remedy the same.

The New York Homœopathic College reports an increase in matriculates over last year of about 5 per cent. As the announcement of this institution does not separate the matriculates into classes, we are unable to say where the increase is. We learn, however, that all the classes have increased; that the freshman class numbers thirty-five. This seems

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a small number for a college situated in the largest city and chief medical center of the United States, and especially for an institution as well equipped (probably the best in our school) and as richly endowed as is the New York Homœopathic College. It would seem to us that New York should do better than this. It has within a radius of 100 miles from the college door some six millions of people with homœopathic physicians in every village, and places for double the number. Our Western colleges, some of which are located in small country towns with requirements every whit as high as in New York are making a proportionately better showing. It is perhaps unbecoming in us to complain, since the college is increasing in numbers and doing most excellent work. We have faith that the New York college some day will take an upward start and reach the place it should justly occupy. To accomplish this it may be necessary to change trustees, to revision faculties, to overthrow regents, and to reenact laws. This has been done in other States and institutions, and we do not consider the Empire State immune in this respect. And once we started to change the laws we would have them so an Empire State graduate could get recognition in Kentucky, which he can't do to-day.

The Hahnemann Medical College of Chicago suffers with the general medical depression in medical educational matters that seems to have struck Chicago this year, though it has suffered less than the colleges of the old school. The combination of the two Chicago schools with the graduating last June of the senior classes of both colleges made the making up of this deficiency by one college extremely difficult. Comparing the attendance of Hahnemann alone, last year, and the attendance this year, there is an increase of some 20 per cent. It should be remembered, too, that the students of the Chicago Homœopathic College were not consulted as to the amalgamation, and many of them, who, in the first place, chose the Chicago Homœopathic in preference to the Hahnemann, were brought to the latter college later against their will, and some left as soon as they could conveniently do so. On the whole, therefore, while there is no increase in the single college this year over the two or combined colleges of last year, the Hahnemann College of Chicago is in a more prosperous condition, comparatively, than any of the old school colleges of that city, and is second in numbers of matriculates among the colleges of the homœopathic school. Among the allopathic colleges of Chicago there is a marked decrease in the matriculates over the previous years. Thus Rush decreased 389 in 1904-'05 over 1902-'03. The College of Physicians and Surgeons decreased in the same time sixty-nine. The Northwestern University decreased fifteen. The Illinois Medical Journal gives a lot of "reasons" for this decrease, none of them real good ones? We believe that the true reason is that people require less medicine than formerly, and, therefore, the field of the old allopath is giving way to either a new homo-allopathic breed or to good and true homœopathic physicians, and the prosperity of our schools proves this to be true.

Hering Medical College reports prosperity. It has the largest freshman class in ten years. In their new home, which is the old Chicago Homœopathic building, it is right in the medical center of Chicago, with unexcelled clinical facilities. This college stands for pure Hahnemannian Homœopathy, and the large classes is evidence that there is a good field therefor. It should not be forgotten, however, that all our colleges teach good practical Homœopathy, and to our mind good Homœopathy is what we need, and we cannot have too much of it.

The Ohio colleges, Cleveland Homœopathic and Pulte, are doing good work. They are hampered by what we consider over-stringent entrance requirements. Both of these colleges have this year smaller classes than heretofore. Cleveland was always a great homœopathic center. Within our medical memory there were two homœopathic colleges in that city each having some 160 students. We have always been advocates of consolidation. We advocated the union of the two colleges of Kansas City, the two great Chicago colleges, and the two Cleveland colleges in the expectation that this union would result in a stronger institution with larger classes. In each instance our expectation has not been realized. We are almost inclined to believe that these unions have not resulted in strength. It would seem that the alumni of the institution that was engulfed in the consolidation have in each instance been lukewarm to the college that has swallowed up their Alma Mater, and have not given the support to the new college they should have done. There is a necessity in Ohio, which is one of our strong States, for a revision of the entrance examination requirements, not a lowering of them, but a common sense interpretation of them. It should not matter where a student gets his knowledge of a subject, whether he gets it in a college that is "recognized" by a board or not; provided he has the required knowledge he should be given credit for it, and laws should be enacted in each State taking away from boards the decision of this question and placing the acceptation of students in the hands of college faculties. Most colleges are chartered by the State legislatures, and this presupposes that their faculties are qualified to accept and graduate proper material for the practice of medicine, and it seems to us ridiculous that such power should be taken from the colleges and placed in the hands of a board *created by the same legislature* whose complexion changes with each new administration. We believe all such laws should be amended, and we further believe that not only

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Ohio but a half dozen other States should make these changes. The common legislator is for the most part a practical man, and we believe that work along this line would be productive of good for the cause of Homœopathy. We are inclined to the belief that many of these unfair restrictions have been insidiously foisted upon us and accepted blindly, and that it is time for us to awake, tear our beards from the tables where they are rooted, and Holger Danske-like, strike a few blows for enfranchised Homœopathy.

The Boston University School of Medicine has had a marked increase in students this year; nearly all of the classes participate in the increase, and the probability is that the graduating class of 1906 will double that of 1905. This is good news, and we are glad to chronicle the prosperity of this school, which is one of our strong ones.

We have received no word from the University of Minnesota, nor the Denver Homœopathic College. As far as we can learn these colleges have not increased in matriculates, neither have they decreased to any material extent. Both the Denver and the Minnesota colleges have small fields to draw from.

The Southwestern Homœopathic College at Louisville gives every evidence of prosperity, the number of matriculates has increased some 30 per cent. over last year, beside this we learn that financial conditions have so improved as to permit of great improvement along many lines in the near future. A spirit of greater confidence on the part of the faculty and students marks this college. It has done fine work for the cause of Homœopathy in Louisville, and we rejoice over this prosperity.

The Detroit Homœopathic College reports a gain in its Senior class, the Freshman class contains the same number as last year.

The Hahnemann Medical College of Philadelphia shows a remarkable prosperity. The freshman class numbers fifty-two, which is an increase of twenty over that of 1904-'05. The senior class of this year is ten greater than that of last year, and the junior class is also markedly increased. The total increase in this fine institution amounts to nearly fifteen per cent. The marked increase in the freshman class in this college shows that the wave of ascent has well started, and we prophesy that it will rise higher and higher for several years before it begins to decline. The Hahnemann College with its fine equipment and strong teaching faculty should be the first of our colleges.

Dr. Mohr, the Registrar, in his report to the editor of the Medical Century, strikes the keynote when he says, "I believe the homœopathic schools will increase in number of matriculates if the faculties will be aggressive for Homœopathy, and stop knuckling to the old school."

The Homœopathic Department of the University of Michigan has an increase of sixteen students over the matriculation of last year. This increase is for the most part in the freshman class, which numbers thirteen more than last year, making a total of thirty-two. This is one of our strong colleges, possessing ideal facilities for a medical education. It is interesting to note, in passing, that while the increase in the homœopathic department of this University is about 25 per cent., the decrease in the allopathic department is nearly 5 per cent.

The University of Iowa Homœopathic Department has also to present an increase in its students of over 20 per cent. The freshman class is larger than that of last year, and the senior class is also larger. The report further states that the freshman class, while larger than any class since 1899, is of exceptionally high character.

We are, therefore, encouraged by the good reports from our schools. We believe that by an active campaign in disseminating the advantages of selecting the homœopathic school of medicine, especially among the college and high school population of this country, would increase our next's year's matriculation from 25 to 35 per cent., and that now is the time to begin the campaign.

EDITORIAL BREVITIES.

The Ohio Association of Medical Teachers.

Under the above-named title those connected in the capacity of teachers in the medical colleges in Ohio have formed a society. In December a meeting was held in Columbus, at which some seventy teachers were present. The avowed object of the society is to bring the colleges closer to the State Board of Medical Registration, and incidentally to help the board in formulating its rules and edicts concerning the duties of the colleges. There is no question but that the board generalizes too much when it makes rules. This applies particularly to its requirements regarding credits necessary before the study of medicine can be commenced. For example, the degree of A. B. or B. S. admits to second year classes. Now it is well known that the requirements for obtaining this degree are decidedly different in different literary schools. There is no uniformity in their curricula. Consequently many students admitted to advanced standing lack in some essential instruction. It is to correct just such irregularities as this that the association is directing its efforts.

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It were a pity that some way might not be found to impress on the board the necessity for their urging such action as would accomplish two things, first, the admission to practice in the state of reputable men who by reason of their age and length of years in practice ought not to be required to take the examination, of things too technical, which the board inflicts on the recent graduate, and second, the revoking of the licenses of those parasites masquerading as physicians, whose advertisements defile our newspapers and whose carefully worded statements of symptoms of disease have done incalculable harm to innocent girls and boys. We hope to say a few things about both of these points later.

Some Points Worthy of Broadest Dissemination..

The Pittsburg Homœopathic Hospital News publishes a summary concerning divisibility of matter, or whatever else you might call it, which should be read by every Homœopath. Editor Moreland gets his facts from various sources, principally from the official organ of the American Medical Association. Lack of space prevents a publication of the entire article, but the points may be summarized briefly.

One drop of 1-10,000 solution of Adrenalin is quite sufficient to blanch the conjunctiva.

1-200.000 of a gramme of Adrenalin has a distinct action in raising blood pressure.

One part of the sulphate of copper to 2,000,000 parts of water has a very decided bactericidal effect. This has been demonstrated especially with reference to the typhoid color group. Stewart, an investigator, found "that in a one liter copper vessel one part of copper to 4,000,000 of water was dissolved in three hours, and this amount of copper was sufficient to kill the added typhoid organisms in from one and three-quarters to two and one-half hours."

Jackson reported before the New York section of the American Chemical Society that "the sulphate in dilution 1 to 8,000,000 administered once or twice a year is sufficient to prevent all trouble from miscroscopic growths" in reservoirs, and "this dilution is so great that in order to obtain a medicinal dose it would be necessary to drink forty gallons a day."

One drop of formalin in 10,000 drops of milk can be readily detected by simple chemical analysis.

And the editor closes his little sermon with the following query: "It is not incomprehensible, that with this startling evidence of the wonderful dynamic power of infinitesimal quantities of this drug, no effort has been made by the old school to press to a definite solution the question of the action of equally minute doses upon the human organism?"

And the reasonable and reasoning, the judicial and non-prejudiced would say, "It is!"

Telephone Consultation.

In these days of almost universal possession of telephone facilities, the doctor is often made the subject of what amounts to an unreasonable amount of calls for advice. This would not be so bad if it were not for the fact that our patrons usually object to being charged for the same. Probably the Homœopathic physician feels the burden more than does the doctor of the other shool of medicine, because of the fact that very many families have supplies of remedies and are constantly using them. Many physicians do an extraordinary amount of this telephone work.

It is interesting to note that one of the German medical societies has adopted resolutions calling upon its members to make a charge of the same fee for advice by telephone as that made when the patient comes to the physician's office. This seems but fair and if the plan were universally adopted, the income of the average doctor would be considerably increased. If medical societies in general would act upon this point, the patron would then have no reason for complaint. The justness of the charge is not to be questioned.

The Homœopathic Pharmacopœia and Its Endorsement.

A long time ago, six months or more, the Institute's Committee on Pharmacopœia issued a circular letter addressed to the various State, county and local societies asking each to pass a resolution in form endorsing the book. We have reason to believe that there has been considerable opposition developed in the matter. In fact, when we presented such a resolution recently it was met with very decided remarks of disapproval. Now, we think it but fair to the committee that such opposition should be fairly and freely discussed. Hence the Medical Century invites each and every reader having an opinion to write and explain in extenso These letters are not to be published but will be made the basis of editorial comment. Direct your letters to Editorial Department, Medical Century, 9 East 42d St., New York.

Editor's Table.

GENERAL NOTES.

The friends of Dr. Francis H. Orme, of Atlanta, Ga., gave him an agreeable surprise party on the occasion of his seventy-second birthday last month. The surprise was a complete one, and the occasion was most happy.

We have received cards of New Year congratulations from Dr. Juan Arriaga and family, of Mexico City, and Dr. and Mrs. James Searson, of

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London, England, for which our appreciation is due.

Dr. John E. White, of Nordrach Ranch, Colorado Springs, sent us New Year's greetings.

Dr. James C. Wood has resigned from the teaching faculty of the Cleveland Homœopathic College. Dr. P. B. Roper succeeds Dr. Wood in the gynæcological chair.

Kraft calls the editor of the Century "a gentleman of the 'old' school." Now, if he means allopathic we deny it. If he means old as to years we deny it. We will have to grow some before we are as old as Kraft. We take it as a joke, however, and merely paraphrase Marc Antony and say "Old Kraft still."

The Southern Homœopathic Association with its usual hustle has issued circulars in reference to the next annual meeting under the presidency of Dr. E. Stillman Bailey, of Chicago. The subject selected is Southern Fevers, which is a most interesting one. The time is set for October 22d and 23d, and the place, of course, is that suprahospitable city, Louisville, Kentucky. Dr. C. A. Fish is first vice-president, and a circular coming from him urges immediate preparation for the event. This is a proper move and gives ample time for the preparation and collecting of individual experiences which are so valuable parts of society meetings.

Drs. W. Davis Foster, Maclay Lyon, E. H. Merwin, and Mabel Nickell have been appointed by the city board of health assistant sanitary inspectors of public schools in Kansas City, Mo.

Le Journal Belge d'Homœopathie reports an increase of homœopathic practitioners in England (due to the regular courses given at the homœopathic hospital of London), in Germany, France, Spain, Italy and Switzerland. The new homœopathic hospital in Basle in that republic received recently a bequest of 700,000 francs.

A chair of Homœopathy is proposed in the University of Santiago in Chilli, South America.

Brother Mastin, of the Critique, refers to our December issue as "unusually brilliant." We rather thought the entire Volume XIII. was brilliant. Keep your eyes on Volume XIV.; brother Horner is with us, and he is brilliant right down, commencing at the vertex. We have some stunts in pickle for 1906.

We have received with the compliments of Dr. Eugene H. Porter, Commissioner of Health, the proceedings of the Conference of Sanitary Officers of the State of New York held in Albany last October, for which the Commissioner will please accept our thanks.

The new homœopathic hospital in San Francisco is advancing towards completion. About a hundred thousand dollars have already been put into it, and its handsome aspect is already an inspiration to lovers of the cause.

The City of Omaha heads the list of all American cities for the greatest percentage of increase in new buildings for 1905. There are some excellent locations for first class homœopathic men in Omaha and nearby cities. Dr. D. A. Foote, of Omaha, invites correspondence for information concerning such locations.

The December quarterly meeting of the Mississippi Valley Homœopathic Medical Society was held December 20, 1905, in Moline, Ill., at the Manufacturers' Hotel. Dinner was served at 8 o'clock, after which Dr. H. V. Halbert, of Chicago, addressed the Society with a paper on Diabetes Mellitus. The paper was a careful citation of the possible causes of the disorder, its pathology and symptomatology, and the general views of modern treatment, with the enumeration of one of the author's cases, past and present (by the way, most of them are "past." This with no disparagement to Dr. Halbert). The discussion which followed was participated in by all present. Those in attendance at this meeting were Dr. Halbert, of Chicago; E. Bradford, H. Chase, F. D. Paul, C. H. Wood, H. D. Wilson, of Rock Island; P. H. Wessel, of Moline; W. F. Spencer, Geneseo; H. C. Hoefle, W. Y. Hunt, R. E. Peck, Davenport, Iowa; E. H. Soule, W. E. Taylor, and W. A. Crookes, of Watertown.

Dr. W. K. Foote, formerly associate professor in the Chicago Homœopathic College, with Dr. W. M. Stearns, in the eye, ear, nose and throat clinic, has located in Omaha, and is enjoying merited success.

Dr. Frank S. Whitman, a recent graduate of the Chicago Homœopathic College, and also a more recent graduate of the Chicago Medical College, after completing a year at the Mercy Hospital, Chicago, has located in Omaha, and is well pleased with his chosen field. While establishing an independent practice, he is also acting as assistant in Dr. D. A. Foote's surgical practice.

Dr. Frank S. Whitman is a nephew of the well known homœopathic practitioner, Dr. F. S. Whitman, who has been in charge of the State Asylum for the Insane at Elgin, Ill., for the past eight years.

A number of the homœopathic fraternity of Omaha has organized "The Round Table Club," which meets for a smoker Saturday nights, biweekly, in a private dining-room at a prominent hostelry. A five or six course table d'hote supper is first enjoyed, and then, with the cigars, follows a two hours' program, discussing live, up-to-date medical topics. Such men as Drs. Quimby, the Footes, D. A. and W. K. Teal, J. S. Alexander, Connell, Whitman, and others are participants.

The Omaha Homœopathic Medical Society is flourishing. Meetings occur the first and third Monday evenings of each month. Dr. S. J. Quimby is president, and Dr. Martha Clark, secretary. The Omaha homœopathic fraternity is well organized and harmonious. A hospital in the near future is sure to happen.

Drs. L. D. Meader and C. C. Meade will read papers before the Cincinnati Homœopathic Lyceum on February 14th. Drs. Bertha Anthony, John Wilms and W. H. Smith will discuss the same.

Dr. Carl Walker Sawyer, son of Dr. C. E. Sawyer, of Marion, Ohio, was married on December

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28th to Miss Grace Farlin, at Madison, New Jersey. The Medical Century extends felicitations.

Suggestive therapeutics was on the program of the Chicago Homœopathic Medical Society at its 96th regular meeting, January 18th. Papers were read by Drs. H. T. Cole and E. H. Pratt, and were discussed by Drs. E. E. Reiniger, H. P. Skiles, and A. L. Blackwood.

Mobile, Alabama, is a good opening for a thorough homœopathic physician. Dr. Lyon's death will make a large vacancy in our ranks in that city.

No. one of volume XXVIII. of the Clinique, which is the rejuvenated Clinique-Era, has made its appearance on our table. It is edited by Dr. H. V. Halbert, the editor of the former Clinique, succeeding, we believe, Ludlam and Bailey. The new periodical is a great improvement over the old, and has an editorial staff and editorial committee coming from the faculty of Hahnemann Medical College, whose organ this will be, as was the elder Clinique. We welcome the return of Dr. Halbert to the editorial fold, and we are sure that under his able management the Clinique-Era-Visitor combination will be a winner.

Boericke's Materia Medica, third edition, with a splendid Repertory by Dr. Oscar Boericke, will be out in March. Boericke & Runyon, New York, are the publishers.

Dr. William Boericke and two daughters sailed for Europe the last of December to be gone several months.

We learn that the editor of our esteemed Pacific Coast contemporary, Dr. H. R. Arndt, was married a few days ago. The Century extends congratulations.

We have received from P. Blakiston's Son & Co. their Annual Visiting List. It is one of the handiest and most practical of all visiting lists, and is doubtless well known to our readers.

Dr. Edward Grove, of San Diego, was recently elected president of the San Diego Chamber of Commerce. Dr. Grove was formerly an assistant of Dr. H. F. Biggar, of Cleveland.

Mr. H. C. Henderson, for the past eight years a representative of Armour & Company's laboratory department in Indiana, Michigan and Northern Ohio, has been called into the office to succeed Mr. A. C. Tobin, who resigns to take up other work.

Dr. and Mrs. Norton contemplates making the grand tour in 1906, sailing from San Francisco, June 9th, returning about October 15th. They would like to secure the services of the same courier who accompanied them in 1904 through Sicily, Greece, Turkey, etc. In order to do so it will necessitate a party of six at least to take advantage of the special low rates offered, and they, therefore, desire four additional companions for the trip. This affords an unusual opportunity for an ideal tour of the world, and at a price at least $300 less than one can do it alone. For further particulars write to Dr. A. B. Norton, 16 West 45th street, New York.

We would respectfully call the attention of our readers to some new and attractive features of our Publisher's and Transportation Departments in this issue.

A new work on the Practice of Medicine is to be issued by the Scudder Brothers' Company, of Cincinnati, by Prof. R. L. Thomas, of the Eclectic Medical Institute, of that city. It will be a work of over 1,000 pages, and be the latest and best work on eclectic medicine.

We have received the ninth annual report of the Massachusetts State Sanatarium for Tuberculosis in Rutland, Mass., of which Dr. Herbert C. Clapp, of Boston, is one of the physicians in charge of the medical treatment of the institution, and Dr. John P. Rand, of Worcester, Mass., is secretary of the board of trustees. Examinations for admission to this institution are made, among other places, at the Worcester Hahnemann Hospital.

Miss Laura Beebe, the accomplished daughter of Dr. H. E. Beebe, of Sidney, Ohio, was married on January 17th to Mr. W. C. Horr.

Dr. C. E. Fisher's new hospital in East Radford, Virginia, is to be called the Valley View Hospital.

All the homœopathic physicians who applied at the Cook County Hospital for the civil service examination passed successfully with but two exceptions. The majority of those on the hold-over staff did not take the examination.

We have received a pleasant letter from Dr. C. Carleton Chapelle, of Half Moon Bay, California. The doctor is making that town a hot bed of Homœopathy; all the people of the vicinity want the homœopathic doctor. They know a good thing, doctor, and if you had six competitors of the old school instead of four you could beat them out.

WASHINGTON NOTES.

BY HOMER I. SILVERS, M. D., WASHINGTON, D. C.

This past month Dr. T. L. Macdonald made a trip to Pittsburg, and while there was the guest of Dr. Stewart. In that city Dr. Macdonald read a paper before the Allegheny Medical Society, and held an operative clinic in the hospital amphitheatre.

The staff of the National Homœopathic Hospital met in the early part of December, and apportioned the work for the ensuing year. General and gynecic surgery, Dr. Macdonald; orthopædic and surgical assistant, Dr. Silvers; obstetrical surgery and obstetrics, Dr. Branson; diseases of the heart and lungs, Dr. Swormstedt; diseases eye, ear, nose and throat, Dr. King; pathology, hæmatology and urinalysis, Dr. Stearns; electrotherapeutics and neurology, Dr. Davis; pædiatrics, Dr. Dennison; gastro-intestinal diseases and dietetics, Dr. Munson.

Friends of Dr. A. H. Taylor will be very glad to hear of his recovery from typhoid fever, has gone to Virginia to recuperate.

The vacancy in the house staff of the National Homœopathic Hospital has been filled by the appointment of Dr. W. H. Talmage as junior resident physician. Dr. Talmage is a graduate of the New York Homœoapthic Medical College, class of

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1904, and since graduation has been traveling with a patient through the South.

The Kermes, a dance of the nations, was given in the Belasco theatre by the Ladies' Aid Association of the homœopathic hospital. It was a decided success, both financially and socially.

The Washington Medical Society held its meeting on January 2, 1906, for the election of officers for the coming year.

Dr. J. B. Gregg Custis, president of the Society for the year past, was unanimously re-elected, the Society endorsing his policy by a rising vote.

Dr. Ira Dennison was elected vice-president.

Dr. Marvin A. Custis was re-elected secretary.

Dr. J. H. Branson, assistant secretary; Dr. Chas. Davis, treasurer, and Dr. Chas. B. Gilbert as historian; Dr. Julia Green and Dr. Edwin Lothrop were elected to board of censors, and Dr. T. L. Macdonald and Dr. S. S. Stearns were re-elected

The report of the treaseurer was particularly gratifying, showing a healthy balance. In all respects this Society had a prosperous year; the meetings have been very well attended, and papers read according to a definite schedule.

This Society has always shown a deep interest in the workings of the national society, and from its situation at the seat of national government, has frequently been of service to the advancement of medicine in general and Homœopathy in particular. It is the earnest hope of the Society that it may further be of service to the advancement of medicine.

Dr. Richard Kingsman read a paper upon "Methods and Results of Medical Inspection of Public Schools." The good that this system is doing was conclusively proven in his paper by statistics presented.

"Progressive Myopia During Adolescence," was the subject of a paper read by Dr. Wm. Rufus King. He made plain the importance of early examination of children for this refractive error, since much can be accomplished towards a permanent cure if seen early.

Dr. Leigh Y. Baker discussed Dr. King's paper.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY.

The offices of Drs. J. M. Patterson and E. K. Thompson in the Commerce building were wrecked by fire on the night of January 5th. The loss was estimated at about one half million dollars, which was shared by the doctors mentioned, a bank, buggy company, piano company, and physician's supply house.

Dr. E. M. Perdue has made claim to the discovery of a plan for the ultimate elimination of tuberculosis.

The theory is in substance that the bacillus tuberculosis was found upon dessication and chemical test to be made up very largely of potassium phosphate, and with the administration to the patient of an agent that will neutralize or destroy this salt in the death-dealing germs you have a cure for the white plague.

The Kansas City Homœopathic Medical Society held its monthly meeting at the Midland Hotel, January 16th. Dr. A. H. Starcke presided.

Dr. W. A. Forster, president of the Missouri Institute of Homœopathy, announces that the meeting of the Institute the coming spring will surpass all previous records of that progressive body.

A history of Homœopathy has been delivered to some of the Kansas City profession, and reference to several of the faithful is conspicuous for its absence. It reminds one of the Chinaman in Hong Kong, whose card announced him a "teacher of the English language down to the letter G."

The Kansas City College is reported to be doing good work under the direction of the new dean, Dr. Frank Elliott.

Dr. H. F. Fisher is again at his office after an absence of several months in Colorado and other western States.

Dr. Benj. F. Bailey, him of Lincoln, was in Kansas City the early part of January. He reports his homœopathic sanitarium in a flourishing condition.

OBITUARY.

Dr. G. C. Lyon,

The most prominent homœopathic physician of Mobile, Ala., died in Chicago, on January 16th. He will be missed and mourned by a large clientele.

Dr. Henry C. Bowen,

Of Cleveland, O., died on December 13, 1905, at the advanced age of 87. He was an alumnus of the Cleveland Homœopathic Medical Society.

Dr. Stacy Jones,

Formerly of Darby, Pa., and a graduate of the Hahnemann College of Philadelphia, 1853, died in Washington, recently. Dr. Jones was the author of several works, The Medical Genius, The Mnemonic Similiad, and the Bee-Line Repertory being the chief ones.

Dr. Harry Munger,

Of Carlisle, Ky., died on January 4th. He was a graduate of Pulte Medical College, class of 1892.

Astigmia as a Cause of Vomiting of School Children.

Dr. Aaron Brav, of Philadelphia, reports in detail in the N. Y. Med. Jour., of August 26, 1905, a number of cases of young school children who for a considerable period of time had had attacks of vomiting during school hours, relieved by removal from school and rest, but returning promptly with the return to work.

After proper examination and the wearing of glasses for astigmia these children, in several months of watching, had no further attacks. He says: "In the absence of kidney conditions, in the absence of gastric pain, of fever, chills, epigastric fullness, all cases of vomiting in school children preceded by vertigo, headache, and visual disturbances are in nearly every instance due to astigmia. —Eye and Ear Journal.

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Diagnosis.

PRACTICAL LABORATORY DIAGNOSIS.

BY GREGG CUSTIS BIRDSALL, M. D., WASHINGTON, D. C.

FIRST ARTICLE.

Examination of Urine.

But few of our busy practitioners will take the time to make careful urinary examinations or even have them made, except in cases where the clinical symptoms strongly point to renal trouble—as œdema of the ankles, etc. The reason for this apparent neglect is far beyond my powers of explanation, but I think it is negligence rather than ignorance on the part of the physician. In order to correct this gross mistake, physicians should become better acquainted with urinary analysis and should recognize the great value derived therefrom, not only in diagnosis, but, of more importance, subsequent treatment. I believe that every person should have his urine examined from time to time and know exactly the condition of the kidneys.

The first and very important procedure is to insist upon a twenty-four-hour collection of urine being made from which the sample for examination should be taken. Some diagnosticians require a morning specimen in addition to the twenty-four-hour sample in which to look for casts. The amount normally excreted varies between forty and forty-eight ounces in twenty-four hours. When there is a large amount—over sixty-four ounces—it may denote diabetes, cardiac hypertrophy, chronic interstitial nephritis. or, as is often the case, ingestion of a large amount of water. Diminished amount accompanies acute febrile diseases, oedema, vomiting or diarrhoea and dilated heart.

Total solids are estimated by multiplying the last two figures of the specific gravity by the coefficient 2.33, which gives the number of grammes in 1,000 c. c. of urine (1). From this figure the total number of grammes can easily be estimated. Normally this amount will average between fifty and sixty grammes.

The specific gravity alone is of little importance in the diagnosis, and its fluctuation depends largely upon the amount passed in twenty-four hours. Normally it is about 1,018. A high specific gravity doesn't always mean diabetes mellitus; neither does a low specific gravity always men diabetes insipidus. Lithæmia, oxaluria, scanty excretion and a precipitation of acid sodium urates are generally accompanied by high specific gravity. Low specific gravity is seen in cases of chronic interstitial nephritis, cardiac hypertrophy, anæmic conditions, and functional digestive disorders with non-assimilation of food.

I lay little stress upon the acidity as an aid in diagnosis and I think this depends largely upon the amount of urine passed, the amount and character of the water ingested and the length of time elapsed since the specimen was collected.

Color also depends upon the amount passed. A heavy pink sediment generally consists of acid, sodium urates; a red sediment of blood or uric acid crystals; a white sediment of mucus, pus, epithelia or phosphates; and a ropy, slimy sediment of muco-pus, and alone is diagnostic of chronic cystitis or severe pyelitis.

For simplicity, I divide my analyses into two divisions—chemical and microscopical. The chemical I divide into physiological and pathological constituents. The former consist of urea, uric acid, chlorides, phosphoric acid and sulphuric acid. The latter comprise albumin, sugar, indican, bile, acetone and diacetic acid.

Urea.

This complex nitrogenous substance is probably the most important member of this group, and the method of its determination is well known—using the Doremus Ureometer and a freshly prepared sodium hypobromite solution. The apparatus is so inexpensive that no physician can afford to be without it. The total quantity of urea is constantly changing and depends largely upon the amount of nitrogenous food ingested. In healthy adults on general diet, it averages about eighteen grammes in twenty-four hours. During pregnancy, urea is generally diminished and often drops as low as ten grammes without serious uræmic symptoms. Anæmia and mal- assimilation of food are often accompanied by low specific gravity and low urea without albumin or casts. These cases are often mistaken for beginning interstitial nephritis. In the urines of persons under the influence of caffeine and theo-bromine, I have observed as much as thirty-five and forty grammes of urea in twenty-four hours. As a rule, anæsthetics are contra-indicated when the urea is below nine grammes and many surgeons will not operate if urea is below five grains per ounce or eleven grammes. It has been practically determined that retained urea is not the sole cause of uræmic convulsions, but that the urea acts as an indicator of the other retained poisons.

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Sodium Chloride.

Of less importance, perhaps, than urea is the estimation of chlorides in the urine. I use the Purdy method of quantitative estimation because it is more rapid and fully as accurate as the titration test, but this requires a centrifuge and graduated centrifugal tubes. The titration method of estimation is as follows: Ten c. c. of urine are mixed with ninety c. c. of distilled water and treated with five drops of 2 per cent. solution of potassium chromate. This mixture is titrated with one-tenth normal solution (2) of silver nitrate until the orange color produced will not disappear on stirring. The number of c. c. used multiplied by 0.01 will indicate the amount of chlorides in ten c. c. of urine. Normally, ten to fourteen grammes of sodium chloride are excreted in twenty-four hours. An increased amount is seen after acute febrile conditions. After the administration of diuretics and in diabetes insipidus, I have also noticed an increase in some cases of beginning contracting kidney before albumin or casts appear when the proportion between urea and chlorides is quite unusual, there being an increase in chlorides proportionate to the decrease in urea. I have followed up a number of cases where this proportion existed and sooner or later the typical signs of chronic interstitial nephritis developed. Chlorides are diminished in cases accompanied by vomiting, diarrhoea, serous effusion, or dropsy. In pneumonia and œdema of the lungs the decrease in chlorides is a valuable prognostic sign and seems to vary in proportion to the severity of the disease. As recovery takes place, the chlorides increase.

Total Phosphoric acid.

Personally, I have found the estimation of both the phosphates and sulphates to be of little value in urinary diagnosis. They are, as a rule, decreased in febrile diseases and increased during convalescence. I do not think that there is an increase of phosphoric acid in nervous disorders. Personal observations have not substantiated this widely believed theory. Again, a sediment of phosphates does not indicate an increased amount of phosphates, but that the urine is alkaline and the acid phosphates have precipitated in the form of insoluble alkaline phosphates.

To estimate the total phosphoric acid, a solution of uranium nitrate is used with tincture of cochineal as an indicator.

Uric acid.

Though only a small red crystal, causes more worry to more people than anything else connected with the urine. How much this substance has to do with rheumatism has not yet been fully explained, but there is no doubt that there is a decrease during an acute attack of rheumatism and an increase during convalescence. Normally there is excreted from 0.5 to 1.2 grammes in twenty-four hours, but this is variable and depends, as does urea, largely upon the amount of nitrogenous food taken. It can be estimated by strongly acidulating 100 c. c. of urine with hydrochloric acid and placing the mixture in a cold place for twenty-four hours. It is then filtered and the precipitated uric acid crystals are dried and weighed. There is a shorter method of estimation by means of precipitating silver urate with an alkaline solution of silver nitrate and centrifugalize. This method is very accurate and requires only a few minutes.

Indican.

In the urine generally denotes intestinal obstruction or impaction. It sometimes accompanies oxaluria intestinal indigestion. To determine its presence, take equal parts of hydrochloric acid and urine and add several drops of a solution of calcium hypochlorite. Shake well with a little chloroform which turns blue if any indican is present. The darkness of the blue determines the amount of indican.

Bile.

In the urine always denotes an hepatic congestion or a stoppage of the bile duct. It is easily determined by floating on the top of the urine a few cubic centimenters of a diluted (1 to 10) solution of iodine tincture and, if present, an emerald ring will form at the point of contact.

Serum albumin.

Boiling the urine for albumin is some people's idea of a urinary examination; but not so these days. I even know of one physician who considered that every precipitate formed by boiling the urine was albumin and wondered why he had so many cases of "Brights'." Always add a few drops of acetic acid after boiling and boil again. If the precipitate is phosphates, it will disappear; if albumin, it will remain. I consider the heat and acetic acid test more delicate than the nitric acid contact test. When the urine cannot be filtered clear, add one-fourth as much liquor potassæ as urine, heat until the mucus coagulates and filter, then boil and add acetic acid. For quantitative estimation, I use the potassium-perrocyanide method with the centrifuge. Esbach's test is accurate but requires so much time. In an Esbach tube place urine to be tested so that it comes up to the letter U, add Esbach's reagent (3) to the letter R and shake. Let stand for twenty-four hours and read off the amount of precipitated albumin. In suspicious cases, albumin will sometimes be found in the early morning urine when negative at other times of the day. The presence of albumin does not always denote renal disease, as there are a number of other conditions with which it is seen as pyelitis, cystitis, prostitis, urethritis and hæmorrhage into the urinary tract are generally accompanied by more or less albumin. After boiling with acetic acid, a sediment will sometimes be seen after the urine cools. If this precipitate disappears upon boiling again, it is albumose and not true serum albumin. I have observed it in a number of cases where there was no apparent pathological reason for its appearance. Albumin generally accompanies the presence of much pus, and it is often difficult to determine whether it is all derived from the pus or whether there exists an accompanying nephritis. Some urologists count the number of pus cells per cubic centimeter of urine, and estimate the amount of albumin, which ought to be derived from the pus, but I have found this method un-

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satisfactory in many ways, and I put more dependence in the presence of casts and epithelia and the amount of urea excreted. Vaginal discharge is a common source of pus, and consequently a small trace of albumin. This can be easily overcome by having the patient take a douche before passing the sample of urine.

Sugar.

Is generally seen in urines having a high specific gravity and light color, but never rely upon these signs alone, always test every urine for sugar. I use the copper test (Purdy's solution) and the fermentation test. Fehling's solution is good, but the end reaction of the Purdy test is much easier to determine. If only a trace is found don't be too hasty about diagnosing diabetes mellitus, it may be only a transient glycosuria from eating too many sweets; it may be due to the urine having been brought in an unclean wine bottle, for maltose oxidizes the copper solution. When sugar is found it is always wise to examine for acetone and diacetic acid, as both are important in determining the prognosis. Equal parts of diluted tincture of iodine and liquor potassæ are shaken together, a small amount of urine is added and the mixture is again shaken. The odor of iodoform signifies the presence of acetone. The prognosis for recovery is always grave after acetone appears. Clinical appearance has proven that the younger the patient the more grave is the prognosis. To test for diacetic acid, a few drops of ten per cent. ferric chloride are mixed with two drams of urine, and the precipitated phosphates filtered off. Add a few more drops of ferric chloride and a dark red color is produced, which disappears on boiling, if diacetic acid is present. Salicylic acid and phenol in the urine give the same color with ferric chloride, but it will not disappear on boiling. Few patients live a year after the appearance of diacetic acid, and preceding coma, it is found in large quantities.

Ehrlich's Diazo Reaction,

While not a positive indication of typhoid, is a great help in confirming its diagnosis. The test is as follows: Take forty drops of the sulphanilic acid solution (4), and one drop of a 0.5 per cent. solution of sodium nitrite, and shake together, add an equal quantity of urine, and after shaking again float a little ammonia water on the mixture, and if a carmine ring is found the test is positive. The diazo reaction is sometimes seen in acute febrile diseases, and in pulmonary tuberculosis its appearance generally denotes a fatal termination.

Without a microscopical examination of the sediment I consider a urinalysis only half made, and I also think that the sediments should be centrifugalized. The acid crystals commonly found are uric acid, sodium urate and oxalate of lime. The alkaline urine may contain amorphous phosphate, triple phosphate, stellar phosphate, ammonium urate and oxalate of lime crystals. Acid sodium urate and amorphous phosphate appear somewhat similar under the microscope. Heat the slide a little and the sodium urate will disappear. A sediment of uric acid and oxalate of lime with high specific gravity and dark acid urine generally denotes lithæmia. The appearance of water in the urine during convalescence from acute febrile diseases is always a welcome sign. They also denote incomplete transformation of proteid food.

A precipitate of phosphates does not denote an increased amount in the urine. They are precipitated in alkaline urines and when alkaline fermentation has taken place.

When true casts are found in the sediment it is positive proof that there is some renal trouble. Casts seen in acute nephritis are hyaline, epithelial and blood. Granular casts denote a tendency toward chronicity, and waxy casts reveal the presence of amyloid degeneration. Hyaline and granular are generally seen in the croupous form. In chronic interstitial nephritis (contracting kidney) casts are of the hyaline variety are very scanty. They will be found sometimes in urine passed after some violent exercise, or in the early morning urine when not found at other times.

A small number of blood and pus corpuscles in the urine with epithelia generally denote acute or subacute conditions. If from the kidney, casts will be present and renal epithelia. To determine the source of a large amount of blood (hæmaturia) or pus (pyuria) is sometimes a very difficult problem, but I rely largely upon the variety of epithelia which accompany it. When there is much pus it is well to examine the sediment without centrifugalization, and add a drop of acetic acid to the drop of sediment. This clears up the pus corpuscles and makes their nuclei stand out prominently.

To examine for tubercle bacilli in the urine spread some of the centrifugalized sediment on a slide and stain in the same manner as a sputum film.

The next article in this series will be devoted to examination of the blood.

Notes.

(1) Grammes can be changed into grains by multiplying the result by 15.4.

(2) Normal silver nitrate solution consists of silver nitrate (c. p.) 29.059 grammes and distilled water 1000 c. c. One-tenth normal solution consists of normal solution 10 c. c. and distilled water 90 c. c.

(3) Esbach's reagent: Picric acid, 10 grammes, citric acid, 20 grammes; distilled water, 1000 c. c.

(4) Hydrochloric acid, 50 c. c.; distilled water, 1000 c. c.; sulphanilic acid to saturated solution.

REMARKS ON THE EXAMINATION OF PATIENTS.

(A discussion of the Clinical Lectures at the Washington Homœopathic Medical Society, December 9, 1905.)

BY GEORGE F. LAIDLAW, M. D.,

Professor of Practice of Medicine in the New York Homœopathic Medical College and Hospital.

Mr. President and Members of the Society:

I am a stranger among you, but when I look

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around on these smiling faces I feel at home. Your chairman asks me to make some remarks on this instructive clinic that we have just witnessed, and as there are several points upon which I feel strongly I am glad to have this opportunity of speaking of them. Dr. Van den Burg has given us a correct model of the examination of the patient for purposes of diagnosis. Dr. Dewey has shown us the correct method of examination for the purpose of prescribing the remedy. I wish to call your attention to the difference in the two methods. The examination for prescription consisted chiefly in hearing the patient's story and asking questions. In the examination for diagnosis Dr. Van den Burg began by taking a history of the case, and then examined the patient's chest and abdomen with the clothing removed. This taking of the history and the physical examination are two points that the physician is prone to neglect, or to think his duty done when he brings out enough symptoms to prescribe on. First, let me illustrate the importance of taking the history before making the diagnosis. I recently went into the college dispensary to select patients for demonstration to the students. I saw a man who had lost the bridge of his nose exactly as you see it in tertiary syphilis. I said to myself this patient will make a good entree, between more important cases, to illustrate tertiary syphilis; so I asked him how he lost the bridge of his nose. He replied that when a boy he had tripped and fallen against a curbstone when coming from Sunday School. So you see the importance of getting the history before making the diagnosis.

If the history is important, the physical examination is no less so, as I can best illustrate by relating a few cases that have come under my care.

A patient complained of pain in both feet which she declared to be the gout. I examined heart, lungs and abdomen, as is my invariable rule with new patients, and finding nothing abnormal, had her bare the feet. The pain was in the arch formed by the heads of the metatarsal bones, and here lay the explanation of the pain, for the arch was flat. When this was called to her attention, she herself supplied the explanation in that when in Paris twenty years before a shoemaker had recommended her to tie a thin bandage around the front of the foot to preserve its shape. Some two years ago, while crossing the ocean, she decided that she was too old to take so much trouble with her feet, and left off the bandage. The pains began shortly after that time, and they continued for the intervening two years. Now, this was not a case for symptomatic prescribing. It was a case for mechanical support; and, if, after the manner of the busy doctor, I had simply found out the location and modalities of the pain and given her a bottle of pills, I would have done her no good whatever; for the trouble was mechanical and required the mechanical lifting of those metatarsal bones. The use of a foot-plate was promptly followed by relief of the pain.

Another case. A young woman with a pain in the heart, palpitation and attacks of dyspnœa so extreme that she could not walk a block without sitting down. You examine the heart, find the sounds and the area perfectly normal, inquire the history and find that she has had a disappointing love affair, and you know at once that this is a cardiac neurosis that a few weeks' rest in bed and the symptomatically indicated remedy will cure.

Another case with exactly the same symptoms. A man of forty-five with pain in the heart and dyspnœa so that he cannot walk a block. You examine his heart and find the apex beating way around in his axilla, perhaps a murmur and perhaps not, but a hypertrophied and dilated heart with a trace of albumin in the urine. Examine his lungs and you will find a few crepitant rales around the base. In this case you know that he has a dilated heart with failing compensation, and that he probably will be dead in two years. In these two cases the subjective symptoms were exactly the same, but the prognosis and treatment were quite different.

Two other cases with pain in the rectum and bleeding during a bowel movement. If you consider simply the subjective symptoms and prescribe a medicine, as so many of us in our haste are apt to do, you will make a mistake. The proper thing to do is to examine that rectum. You may find an external hæmorrhoid with a small fissure at its base, and you know that a drop of carbolic acid on that fissure will cure the whole thing in forty-eight hours; or you may find a rectal cancer which demands immediate removal to save the patient's life. Any man who sees many cases in consultation will see the deplorable neglect of early diagnosis of rectal and other cancers because the physician prescribes only for the subjective symptoms without examination.

Another case. A pain in the stomach after eating, with flatulence, which had been treated symptomatically for six months by a very good prescriber. Examination of the stomach by having the patient swallow a level teaspoonful of tartaric acid in one-quarter of a glass of water followed by an equal quantity of bicarbonate of soda in water revealed a markedly dilated stomach. It was a purely mechanical disorder which had been treated as a medical one, and for which you could prescribe for twenty years without relieving the patient. The application of an abdominal bandage to hold the stomach up was followed by the prompt relief of the long-lasting pain. These cases of prompt relief of a dilated and prolapsed stomach by the use of an abdominal supporter are frequent in consulting practice, for they are the cases that resist all medicines.

Another case where diagnosis is important for purposes of treatment has been referred to to-night, that of early consumption When a young woman or a young man has a so-called catarrhal throat, clearing of the throat every morning and losing flesh, and feeling of being tired all the time, they should have a careful examination of the chest. If you simply take the symptoms and prescribe the medicine without altering the hygienic conditions under which the patients live, or examine the chest

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through half a dozen layers of clothing, you will make a serious mistake. If we know anything about consumption, it is this, that early diagnosis is vitally important, that rest, fresh air and abundant food will cure more cases than any medicine known to us, and that if you allow that patient to continue working in an over-crowded store or close, stuffy school rooms, exhausting her nervous system in competition for school prizes, you will make a serious mistake. The man who waits for a hæmorrhage before he recognizes the presence of consumption makes a mistake; but it is only by careful physical examination that you can recognize such cases early.

Our homœopathic Materia Medica is based on symptoms, and rightly so, for at the time that Hahnemann developed the homœopathic system there was little diagnostic skill that was worthy of the name. Pathology was a mixture of astrological and imaginary errors. There was no auscultation, no percussion, no chemical examination of the urine, no minute examination of the blood, no microscope, no clinical thermometer, and no bacteriology. In Hahnemann's day the only sure facts about disease were the symptoms, and the master showed the judgment of a true scientist in selecting the only sure features of disease on which to base his system. But we have learned many things since, and among those things are various methods of exact diagnosis and the recognition of many mechanical and surgical conditions which formerly were misunderstood. These things are included in the great field of diagnosis with which it behooves every physician, homœopathic or other, to be familiar.

I do not wish to be misunderstood. I do not deny the efficacy of the homœopathic remedy. I yield to no man in my admiration for the scientific work of Samuel Hahnemann and his many followers. In my own practice I use little but the indicated remedy, but I say with a conviction born of many observations that there are many disorders affecting the human body which are mechanical or which demand surgical removal which are not at all amenable to the homœopathic or any other remedy. I say that every physician should be competent to make early and exact diagnosis of these conditions that the proper mechanical treatfent may be applied. I say that the only way to save yourself from a serious mistake is to examine the patient with the clothing removed, and to decide in the first place, whether there is a mechanical disorder or a medical disorder before you take the symptoms and prescribe the indicated remedy.

In the presence ot anæmia or of faintness, without other apparent cause, inquire concerning the passage of black stools. The condition may result from hæmorrhages due to an ulcer or neoplasm of the small intestine.

Inflamed areas and abscesses about the knees of creeping infants should be examined for foreign bodies.

Practice of Medicine.

TUBERCULOSIS.

Some Thoughts, Observations and Cases Illustrating What Can be Done in Apparently Hopeless Conditions.

READ AT THE MEETING OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FEB., 1906, BY M. O. TERRY, M. D., UTICA, N. Y.

So much has been written upon the subject of this direful malady, a disease which, up to the present time, has baffled the most skillful followers of the Esculapian art, that it seems unnecessary to enter into detail describing the character of the tubercular bacillus, or the numerous failures for destroying this germ, or the taphology developed by the action of these germs upon the human organism.

It is now generally admitted that tuberculosis is a contagious disease. I wrote a paper, which was presented to the Oneida County Homœopathic Society, in January, 1885, at which time I took the position, and attempted to sustain it, thai it was a contagious malady.

I can recall, in my boyhood days, noticing that where one member of a family died of what was then universally termed "consumption," the difficulty in more than one instance was seen to develop in another member of the family. This was the days of simple observation and antedated what later was brought before the scientific world, through the microscope with the pathologist behind it, the fact that most, if not all, contagious and infectious diseases are of germ origin.

We must concede several things in regard to this disease, as we must in many other germ diseases, that the germ is not of uniform malignancy or destructiveness and that the same germ in different cases may not produce the same results, owing to the non-susceptibility of one individual as against the susceptibility of another. This may be due to the inherent vital force in the one individual, together with the excellent fighting qualities of the normal leucocyte, and the failure of the other constitution would be due to the invasion of the tubercular bacilli acting upon a catarhal mucous membrane, or possibly ulcerated surfaces, or relaxed or diseases tissues of any kind. This will explain why it frequently happens that a husband and wife may live together for years, the one having tubercular consumption and finally dying, the other remaining immune during his natural life.

Now as to treatment.

It is understood that we are all familiar with the fact that every patient should be isolated, or have a room entirely to himself; that there should be constant ventilation night and day; that the sputum should be received in a receptacle containing a solution of some antiseptic, such as lysol, formaldehyde, bichloride, sulphate of copper and so on; that rigid cleanliness and disinfection of clothing and the bedding be enjoined; that even the urine and defecations should be looked after with equal care.

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Our health boards throughout the country, in their strongest and most forceful language, have directed the attention of the public, particularly in tubercular cases, to the importance of not expectorating on the public highways, in public conveyances, or in any public place or on any substance, as a handkerchief, for instance, where the sputum would be liable to dry, and the dust from it be carried into the air for inhalation by the public at large. I am not inclined to think that the breath of a consumptive is infectious, but the saliva is, and, therefore, the importance of impressing upon patients the avoidance of that greeting formality—kissing—is very great, as it becomes an absolute danger by this contact.

No known remedy has yet been discovered which will destroy the tubercular bacilli. Koch thought he had discovered a method of cure by the use of a lymph, which lymph was a preparation made from the living tubercular bacili immunized by a complex process, which could be done only by an expert. Of course, our Allopathic brethren do not consider this as homœopathic treatment, but it appears to me to border very closely upon the principle of "like cures like." We do not understand that this method has been a success. If it were a success, however, the mysterious element of this cure would probably be a ptomaine, the product of the action of the tubercular bacilli upon animal tissues.

But, gentlemen, if my preliminary remarks have not exhausted your patience, we will turn now to our personal observations, showing what can be done with cases which come to us all as absolutely hopeless.

It is a terrible thing to be turned away by a medical adviser with the words, "Nothing can be done; your case is hopeless." "Everyone liveth to himself and every one dieth to himself." Each life is precious unto itself. Existence, we must admit, is appreciated to a greater or less extent according to the philosophy, receptivities and comprehension of the individual. I have seen many cases of tubercular difficulty, as you also have, sent to climates of undoubtedly marked value, return in a still more hopeless condition or with their life ended.

Notwithstanding this statement climate is an important factor in the cure of some cases. But how many there are afflicted who cannot avail themselves of climatic changes.

It is just this class of individuals that has led me to exert my greatest energies in attempting to save their lives at home. I have noted recently that some climatologists in England have come to the conclusion, and have publicly so expressed themselves, that after all fresh air regardless of location, with all the auxiliary treatment which could be given a patient at home, was quite, if not more, advantageous than sending him away.

We know that even up in Alaska consumption is a very common disease. This is owing to the fact that the people in that cold climate, in their desperate efforts to keep warm in their huts, dug-outs, or other primitive abodes, breathe over and over again the same air infected by filth of every kind.

Case One.

Mr. C., twenty-four years of age, tall, nervo-bilious temperament, rather spare, pale.

I saw him first in early part of June of a given year. His case had been diagnosed by two old school physicians as tubercular consumption. He was living in the house of a physician who called me to see him. He had a history of pneumonia dating back several months previously. His temperature ranged from 101° to 104°. He had night sweats, loss of appetite, excessive expectoration with his cough, and it appeared as though his life would be soon ended. I gave my opinion that it was a hopeless case, but upon being informed that every suggestion I might make would be carried out systematically, persistently and courageously, the following measures were written out to be followed:

He was to live constantly in an air medicated. Into an enamelled basin, holding one quart of water, was placed one dram of equal parts of eucalyptol and pine needle oil. This was evaporated over an alcohol lamp, or gas jet. The patient was instructed, furthermore, to frequently inhale the medicated air over the basin. In alternation with this preparation lysol and iodine were used, ten drops of the former to twenty of the latter, in the same quantity of water, the exchange being made every three hours. Various methods were used for the reduction of the temperature, such remedies being given right along as tincture of gelsemium, veratrum and Warburg's tincture. The weakening effect of these remedies was neutralized by stimulants and a good diet.

As these cases are largely septic in character I am quite a believer in alcohol, if the stomach can tolerate it, and whiskey given in carbonated waters, in ginger ale, and lemon in Vichy and in other waters of that character, are to be preferred, as they are less liable to affect the kidneys. Uric acid will seldom be seen to be deposited if whiskey be given in this manner. It is quite necessary that all that pertains to the laws of physiological life be lived up to, as the system must be to a greater or less extent poisoned by the ptomaines or toxins of the tubercular bacilli. It is for this reason that I gave in this case a mixture which I frequently prescribe in diphtheria, typhoid fever and the like. The following is the prescription:

Sulphurous acid, 3 drams; tincture chloride of iron, 3 drams; chlorate of potash, 2 drams; pure glycerine, 1 ounce; aqua deot. ad. qr. s. to make oz. 4.

Of this preparation one teaspoonful is to be given every three or six hours, well diluted with water, and in order to protect the teeth it should be taken through a straw, or something similar, and the mouth cleansed with bicarbonate of soda and water afterwards.

Plenty of fresh air without undue exposure. Besides the ordinary baths alcoholic anes were usually given each day. Within six weeks after this treatment was instituted the whole picture had changed. Night sweats had disappeared, temperature normal in the morning, with a rise of

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from one-half to three-fourths of a degree in the afternoon.

Good appetite, out for a walk each day. expectoration slight and good nights.

My next suggestion was that he go home. He happened to live on the verge of the Adirondacks.

I said, "Live out doors; on a horse's back as much as possible; practice deep breathing frequently; take whiskey whenever you like." By this I meant (and he so understood) once or six times a day, if necessary.

This young man carried out my advice in its fullest detail, and was able to resume his vocation as school teacher the following fall.

I hear you ask me the question, "Will not such a treatment make a man a drunkard?" I believe such a drunkard would be an artificial one. I have found, by observation, that when liquor is prescribed systematically at regular intervals for a patient that he is glad to stop when such advice is no longer necessary.

In proof of this I recall a case of a friend of mine who had consumption and for whom I was prescribing, giving the ordinary remedies. This happened away back, many years ago, and before I was giving my auxiliary treatment. One day he came into my office stating that he was no better, which was too evident. I said to him, "Do you want to know what I would do if I had this difficulty?" His reply was, "Yes." I stated that I would take whiskey systematically every three hours, one-half ounce to a dose, and continue it indefinitely. This man carried out this treatment, doing nothing else; he continued it for years, is now perfectly well, strictly temperate and has charge of the advertising department of one of the most prominent papers in New York.

Mind you, I think, as I said before, that if stimulants of every form disagree with the stomach and produce other symptoms evidently aggravating those existing, it would be well to exclude them.

I am glad to note in a recent address of Health Commissioner of New York Darlington that he considers that eight per cent. recover of those in the last stages, and 60 per cent. are able to return to work.

But we wish to go beyond these statistics of cure to where the treatment consists only of "sunlight, fresh air, good food and rest," maintaining that much more can be done for the patient where the difficulty is more deeply seated, more advanced, or the complications greater.

The observation of Health Commissioner Darlington that alcohol is "death in tuberculosis," if correctly quoted, my experience, from the case already referred to, shows to be erroneous.

I now wish to give in detail one of the most interesting cases I have ever known.

Harry W., a young man of 16 years of age. Years before he came to me he contracted a pleuropneumonia, which terminated on the right side in a septic pleurisy; the pus was given vent to an opening in the space between two ribs. This discharge continued for years, and the young man became a physical wreck. The septic condition of the exudation produced a fever which continued to a greater or less extent up to the time he came into my care. I found him under the charge of a trained nurse, with nothing to look forward to but death; his life was slowly ebbing away. I was called in to see the case incidentally while operating in his home town. His physician seemed surprised that I held out hope for his recovery. I said that the young man was entitled to everything that medical science had to offer. His parents visited me the next day, and upon reassuring them that there was a ray of hope, and that I was willing to accept the charge, he was brought to the Utica Homœopathic Hospital where he remained for over two years.

The first procedure was the washing out of the pleural cavity and the breaking up of adhesions between the walls of the cavity. After a short time, there evidently being pockets of pus inclosed by adventitious membrane, it seemed best to excise some of the ribs. Two were removed for a distance of about six inches, adhesions were broken up, as indicated, by a blunt sound, and the cavity was systematically washed out twice a day by medicated solutions, either of bromine and soda, lysol and iodine, a weak solution of bichloride or the normal salt solution. It has been my observation that the system soon becomes accustomed to a given medicated solution, and that it is, therefore, best to make changes every three or five days in order to obtain the best results.

After a few months, the patient not progressing any further, five more ribs were removed, the pleural cavity curetted and the cavity packed. The same treatment of douching was continued until the cavity was healed, which was upward of two years later.

Several tests were made to ascertain if this were a tubercular condition. The system showed tubercular bacilli during the treatment of the difficulty.

In regard to the lungs, the right one was absolutely consolidated, and remained so. The left one was involved in the tubercular inflammation to a considerable extent. The tubercular bacilli were completely destroyed by supra-heated air. Inhalations were given three times a day, the temperature ranging from 200 to 300. I also medicated these inhalations, using such preparations as oils of eucalyptol, pin needle, tincture of iodine, lysol and the like.

I desire to state right here that the sputum showed no bacilli when the patient left the hospital. Diet was given marked attention. calisthenics were systematically carried out, deep breathing advised and continued as a part of the treatment. The patient lived in an atmosphere medicated with eucalyptus and pine needle oil of one-half dram each to one quart of water, as previously illustrated.

This pale young man, who entered the hospital a hopeless case at 16, left it a little over two years later breathing with two-thirds of his left lung, which was free from disease. He became rosy-cheeked, gained about 40 pounds, rode a bicycle and engaged in other mild sports. He had grown to be quite a young man, and assisted his father in

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his law office for over four years. About that time he had taken a rather severe trip into the country, caught cold and died of acute pneumonia.

This latter statement is simply an incidental one, and to my mind has nothing whatever to do with the absolute cure resulting from the various procedures instituted and carried out during the time named.

SOME OBSERVATIONS AND REFLECTIONS ON THE THEORY OF THE MICROBIC ORIGIN OF DISEASE.

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

The history of medicine abounds in examples of curious and grotesque pathological doctrines. It has been marked by epidemics of medical fashions and fads, as well as by epidemics of disease. For more than two thousand years medical men have vied with one another in attempts to discover the cause of disease. Countless theories have been devised, each for a time having had a following of those who accepted it as the thing to be desired. It is a deplorable fact that many a fallacious theory has for a considerable time attained the reputation of a well-founded truth.

The history of medical theories has been a history of errors and blunders rather than one of discovery. This statement applies with especial fitness to the history of so-called "regular," "rational" or "scientific" medicine, as its exponents are pleased to call it.

The closing decades of the nineteenth century are destined to become memorable in the annals of history for the rise and spread of the most delusive pathological doctrines that has ever been devised.

This doctrine, commonly known as the "germ theory," of disease, ascribes the cause of infectious diseases to the invasion of the body by, and the development therein of "pathogenic" micro-organisms, or "disease" germs. For the last few decades the doctors of the self-styled "regular" school of medicine have been industriously inculcating this doctrine which postulates that most diseases are of microbic origin and may be cured by the use of microbe-killers or germicides. The adherents of this doctrine emphatically declare that the origin and development of all infectious diseases are certainly due to the growth and multiplication within our bodies of micro-organisms which have gained entrance thereto. With an assurance born of enthusiasm the germists declare that bacteria not only cause disease, but also convey it from one person to another through the medium of the air we breathe, the water we drink and the food we eat. The micro-organisms to which many diseases or morbid processes are alleged to owe their origin have been differentiated, isolated, cultivated, studied, described and pictured in vast numbers and great varieties. Indeed they have become so numerous that they bid fair to outnumber the "legion of devils," which Jesus is said to have cast out of the man with the "unclean spirit."

The study of these minute organisms is called bacteriology. The literature of this so-called "science" is prodigious, many elaborate works on the subject having been written and published. Orthodox medical journals teem with lengthy dissertations on this fascinating subject which seems to have captivated the majority of medical men. Every medical school and hospital has its professional bacteriologist who devotes himself almost exclusively to the study and cultivation of these supposed causes of disease, and to expounding to his classes the mysteries of this perplexing subject, the most striking features of which seem to be uncertainty, mutation and variability. After all the learned researches and elaborate dissertations on this vexed subject, there appears to be no general agreement among bacteriologists respecting any particular phase of this pretended science.

I have been unable to observe any unanimity of opinion as to what bacteria are. There seems to be no scientific definition or classification of these minute organisms. There is no consensus of opinion as to what names they should receive. They are called by many and various terms, such as disease-germs, bacilli, bacteria, microbes, et cetera. There appears to be no general agreement among bacteriologists as to the real meaning of the above mentioned terms, which are based upon the morphological characters of these organisms which are subject to great variations. Bacteriologists after all their "learned" researches and brilliant discoveries are not yet agreed as to whether these tiny creatures belong to the vegetable or the animal kingdom. I have been unable to find any unanimity of opinion in the writings of those who contend for the pathogenic properties of these micro-organisms, as regards the precise role they play in the production of disease.

Some of the germists regard them as being distinctly and essentially disease-germs, each species being capable when implanted into the tissues of the body under favorable conditions, of bringing forth its peculiar disease, just as seeds implanted into the soil of the earth reproduce their respective plants. Others contend that these bacteria cause disease by a sort of fermentation. Still others, like Lister, in his Liverpool address, assert that " the secretions of the bacteria possess poisonous qualities of astonishing intensity" and cause disease by the toxic action of these secretions. The pathological absurdity of attributing to organless bacteria the function of secretion is another example of the gross inconsistencies involved in the "germ-theory" of disease. The conclusions which Pasteur arrived at in his investigations were to the effect that "not the bacteria but the toxins produced thereby were the cause of disturbances in the human organism.

Others again contend that bacteria do not produce disease in the human subject until the diseased human body has poisoned the bacteria which feed upon its toxic excretions. Thus it is claimed that a bacterium which is non-virulent at the time it effects an entrance into the body may thereafter become virulent by absorption of the poison from the diseased tissues of its host.

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In this theory it is postulated that the majority

of bacteria are filth-eaters and that a non-virulent bacterium may become virulent after having been poisoned by the toxins or disease products it has gathered in its capacity of scavenger. In other words, the bacterium was incapable of inducing disease until it got sick itself. Finally other bacteriological authorities declare that virulence or non-virulence of bacteria depends upon their ability or inability to produce toxin, some having this property and others lacking it. But all who denominate bacteria "pathogenic" thereby imply that in some way or other they are generators of disease. So great is the confusion that reigns among the adherents of the "cult of the microbe" that the expectation that order will ever come out of such chaos seems well-nigh hopeless.

Bacterianism seems to be synonymous with variability. Whereas, the earlier bacteriologists considered the microbe, per se, to be the "whole thing" in the causation of disease, and conceded nothing to predisposition or personal susceptibility, now the most radical hotspurs of the "cult of the microbe" maintain that nobody ever doubted the significance of external and internal influences. This admission is in line with the same drastic shifting of attitude towards the fundamental problem as was ushered in by anti-microbic therapy with the transition from antisepsis to asepsis.

Is There Any Rigid Proof Available in Substantiation of the Claim That Micro-Organisms Are the Essential Etiological Factors in the Generation of Disease?

The presence of these tiny organisms in the lesions of a diseased body is not of itself sufficient evidence of their etiological relation.

Should one espy tadpoles in a mudpuddle he could not logically charge the pollywogs with having produced the mudhole wherein they were hatched. If the mudhole be abolished, tadpoles and mosquitoes will no longer be propagated in that particular locality.

Proof of the dependence of an infectious disease upon a given micro-organism as its essential cause requires the firm establishment of the three following fundamental conditions:

1. The constant presence of the specific micro-organism in the lesions of the particular disease it is supposed to cause.

2. The identification and isolation of the specific micro-organism in pure culture.

3. Evidence of the infective nature of the isolated specific micro-organism obtained by inoculating into the bodies of healthy human beings pure cultures thereof with the definite result of reproducing the essential lesions which characterize this specific disease.

Have these conditions been established?

It is a generally conceded fact that there have been many cases of disease ascribed to particular "pathogenic" micro-organisms in the lesions of which diseases the specific bacteria could not be found. It is admitted by orthodox bacteriologists that many cases of undoubted diphtheria, for instance, have been met with in which not a single Klebs-Lœffler bacillus was found after careful and repeated examinations by competent investigators. This circumstance, considered with the fact that "fully virulent" Klebs-Lœffler bacilli have been repeatedly discovered in the throats of large numbers of healthy children and adults who had not suffered from diphtheria and did not get it afterwards, makes it difficult for a logical mind to believe that the bacilli are the cause of this disease. Bacteriologists now generally concede that the germ of tuberculosis is seldom found in a tuberculous patient during the first three months of the disease, and conclude, therefore, that the absence of the specific bacillus does not insure against the development of this disease.

It is held by most bacteriologists that infection in the great majority of cases of consumption occurs through inhalation of the dried tubercle bacilli, and, farther, that the lungs are the initial point of attack, and that the sputum is the chief vehicle by which the bacilli are discharged. If these conclusions of the bacteriologists are correct, is it not a far more probable that the bacilli are a coincident, an effect, or a sequela of tuberculosis, than that they are its cause?

A Hopeless Muddle.

No better illustration of the chaotic condition of the teachings of the school of so-called "rational" medicine could be imagined than is to be found in the recorded statements of its leading exponents when these statements are compared one with another.

For instance, W. T. Councilman, M. D., writer of the article on Tuberculosis in the last edition of the Reference Handbook of the Medical Sciences, defines tuberculosis as "An infectious disease caused by the bacillus tuberculosis." The statements throughout his article rest upon the unwarranted assumption that consumption owes its origin to the tubercle bacillus and that in the absence of this parasite tuberculosis can not occur.

In the Medical Record of July 29, 1905, p. 166, was printed a paper from the pen of Henry P. Loomis, M. D. (of New York), whose opportunities for investigating tuberculosis have been, perhaps, as extensive as those of any man in America, in which he says: "The analyses all showed that three and one-third months were the average time that elapsed from the actual beginning of the disease, as estimated from the history of physical examination and the first time tubercle bacilli were found in the sputum. The presence in the sputum of tubercle bacilli is not by any means an early development, in my estimation." Here we have from two orthodox allopathic authorities, statements which to the discriminating mind convey ideas which are diametrically opposed to each other; the one teaching that in the absence of the bacillus the disease can not develop, while the other declares that the disease is usually in the fourth month of its development before the bacilli appear in the sputum of the patient. How is Dr. Loomis to escape the inevitable conclusion deducible from his own postulates, that the bacillus is a result, a sequela, or an incident, rather than the cause, of tuberculosis?

He tells us that the bacilli were not discoverable in the sputum until the patient had had the disease

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three and one-third months. If the bacilli could not be discovered what evidence was there for believing they were there? On no grounds can it be maintained that the bacilli were present in these cases prior to the beginning of the disease; and as it can not be demonstrated that they were present prior to the onset of the disease, how can they logically be assigned as its cause? Who shall say that these bacilli which do not make their appearance in the sputum of the patient until months after the disease has manifested itself, are not scavengers, and, therefore, conservers of life?

The logic of the germ-hypothesists is past all understanding. The germ-theorists should keep constantly in mind the sapient words of their high-priest, the scholarly Rudolph Virchow, who recently said: "Microbes are always found where there is disease. They are also found where there is no appreciable disease and may be the result, and not the cause, of disease."

Another instance:

Professor William H. Park, M. D., in his work on bacteriology, unequivocally declares: "Diphtheria does not occur without the presence of the diphtheria bacilli." Contrast this arbitrary pronouncement with the statement of Professor William Osler, who says: "The clinical and bacteriological conceptions of diphtheria are at present not in accord. On the one hand there are cases of simple sore throat, which the bacteriologists, finding the Klebs-Loeffler bacillus, call true diphtheria. On the other hand, cases of membranous sloughing angina, diagnosed by the physician as diphtheria, are called by the bacteriologists, in the absence of the Klebs-Loeffler bacillus, pseudo-diphtheria, or diphtheroid angina. The term diphtheroid may be used for the present to designate those forms in which the Klebs-Loeffler bacillus is not present. Though usually milder, severe constitutional disturbances and even paralysis may follow these so-called pseudo-diphtheritic processes." (Practice of Medicine, p. 138).

Professor Osler's language just quoted clearly shows that he regards these bacteriologically diagnosed cases of "pseudo-diphtheria" as genuine diphtheria, notwithstanding the absence of the Klebs-Loeffler bacillus in the patients' throats.

As an adept clinician and an expert diagnostician Osler easily holds the first place in the ranks of the allopathic faculty.

Nothing could be more obvious to the experienced physician than the fact that these so-called "diphtheroid" cases are cases of true diphtheria, which, on account of the absence of the Klebs-Loeffler bacillus, have misled the diagnosticians of the laboratory.

Inoculation Experiments Upon the Lower Animals.

I am aware that there are on record reports of numerous inoculation experiments performed upon lower animals, such as rabbits, guinea pigs and white mice, with results which were alleged to be positive and decisive. Even canary, and other small birds have been made the subjects of these experiments. But of what use are such experiments? In considering them it should be borne in mind that canary birds, and the small animals above mentioned, have but a feeble hold on life, and that each experimenter sees what he wishes to see, and his conclusions are sure to be contradicted by other experimenters in the same field of investigation. It should also be remembered that inoculation experiments on birds and lower animals are extremely untrustworthy for the further reason that experimenters pay little or no attention to the important fact that these birds and animals differ very materially from human beings both in anatomical structure and constitution, as well as in their habits of living. Lower animals and birds are not human beings; and experiments made upon them are well-nigh worthless as evidence of what the results of similar experiments would have been had they been performed upon the human subjects. The results of experiments which have been already made upon the lower animals I regard as sufficient proof of the futility of any further attempt to explain the effects of so-called "pathogenic" bacteria upon man by experiments upon these animals.

Notwithstanding the fact that many human beings have submitted to inoculation experiments performed upon their own persons for the specific purpose of proving that bacteria are the cause of disease, the results of these cases so far as I have been able to ascertain have been uniformly negative. I have yet to learn of a single instance in which the essential lesions of a specific disease have been indisputably produced in the human subject by inoculating into his body pure cultures of the specific organism which is supposed to cause such disease.

In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of the active bacillus typhosus, the supposed cause of typhoid fever. The bacillus typhosus in cultures has also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed for the purpose of facilitating absorption, with no other effects than those usually resulting from the puncture of the hypodermic needle and the abrasion of the integument.

In like manner cultures of the "fully virulent" bacillus anthracis have been introduced into the tissues of the healthy human organism—in every case without having produced any apparent morbid effect. Into the apparently healthy human subject cultures of the so-called "virulent" Klebs-Loeffler bacilli have beeen inoculated without any apparent effect. The bacilli have also been applied to the mucous membrane of the human fauces as well as to abrasions of the skin without having been followed by any appreciable effect.

There are also recorded instances in which it is stated that the tubercle bacilli in pure cultures have been repeatedly introduced into the body of the human subject by the various methods above mentioned without apparent effect. Dried tuberculous sputum, which is regarded by the germ-theorists as the common vehicle of infection, has been introduced by insufflation into the lungs of the human body, and always with negative results. It is stated that

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the sputum used in these experiments was procured by a competent bacteriologist from a patient dying of phthisis pulmonalis, carefully desiccated and ten grains of the dried sputum taken by direct insufflation into the lungs.

In all these experiments with the various "pathogenetic" bacilli not a single instance has been recorded of any disease whatsoever having thus been induced.

In the light of these experiments it would seem to be apparent that the germ-hypothesis of disease is a snare and a delusion.

The germ theorists when confronted with these facts set up the plea that all the persons inoculated with "pathogenic" organisms were insusceptible to infection by the above named diseases. Such a plea can, however, be regarded by a logical mind only as a silly subterfuge invented for the purpose of escaping from an embarrassing predicament. A bacteriological authority of such eminence as Metchnikoff tells us that he found the bacilli of cholera widely distributed in many places throughout the world, in which the inhabitants are practically free from cholera.

Metchnikoff also says: "The bacilli of typhoid fever have been found in inhabited localities where typhoid fever has never been known to occur." These statements have been corroborated by many other bacteriologists and disputed by none.

Is it possible that the immunity dogma can be sufficiently stretched to explain all these exemptions?

Lœffler himself admitted his inability to find the diphtheria bacillus in all cases of clinically diagnosed diphtheria, and beyond stating the "possibility" of the bacillus being the virus of diphtheria he did not go. In 1884 he made the following statements concerning the bacillus of diphtheria which have never been disproved:

a. The bacillus is absent in a number of cases of typical diphtheria.

b. The bacillus as typically observed in man is not found in the pseudo-membranes of inoculated rabbits and chickens.

c. On being brought into contact with the healthy mucosa of the throat, respiratory tract, eyes and vagina of animals otherwise susceptible of inoculation, the bacillus was without effect.

d. Animals that survived inoculation (injection) developed no paralysis.

e. In the mouths of perfectly healthy children bacilli were found identical, morphologically and physiologically, with the diphtheria bacillus.

Statistics show the absence of the Klebs-Lœffler bacillus in cases of undoubted diphtheria, as follows:

In New York City, absent in 32.5 per cent. Investigations of Roux and Yersin showed the absence of the specific bacillus in 32.5 per cent. of diphtheria cases. Martin reports the bacillus absent in 36 per cent. of cases which he investigated, while Hullock and Park found 66 per cent. of cases without the bacillus. The official Prussian report (1902) states that of 1,789 examinations for the bacillus only 864 (less than 50 per cent.) were positive.

The above quoted statistics from many of the most distinguished bacteriologists in the world indicate that the Klebs-Lœffler bacillus, which is supposed to be the cause of diphtheria, is absent in a large number of genuine cases of this disease, and cannot, therefore, be its cause.

In the face of this testimony Professor William H. Park, M. D., a bacteriologist of repute in this country, makes the following arbitrary statement: "Diphtheria does not occur without the presence of the diphtheria bacilli, but there have been many cases of diphtheria in which for one reason or another no bacilli were found in the cultures by the examiner. In many of these cases later cultures revealed them." Reference (Handbook of the Medical Sciences, 2d edition, 1904, Vol. III., p. 487, Art., Diphtheria.)

Professor Park's arbitrary pronouncement that "diphtheria does not occur without the presence of the diphtheria bacilli," considered in connection with his admission that "there have been many cases of diphtheria in which no bacilli were found in the cultures by the examiner" furnishes an apt illustration of the loose logic employed by the professional bacteriologist.

It would be interesting to hear Professor Park explain how he ascertained that "Diphtheria does not occur without the presence of the diphtheria bacilli." Bacteriologists bend all reasoning to the curves of dogmatic theory.

Professor Park writes with an air of one who believes that his dictum should settle a problem beyond all cavil. Modesty is an element which seems to be found in very small quantities in the make-up of the professional bacteriologist. Professor Park's statement that "there are many cases of diphtheria in which no bacilli are found," while "in many of the cases later cultures reveal them," corroborates the contention of those who hold that bacteria are not the cause of disease, but the result thereof.

If the disease is established before the bacilli appear, is it not more reasoable to infer that the bacilli if not the result of the diseased-process are at least an incident thereof?

The original contention that Lœffler's bacillus is found only in genuine diphtheria has been so often refuted by its demonstrated presence in the lesions of all sorts of diseases, as well as in the tissues of the perfectly healthy, that its ubiquitous distribution is to-day generally recognized.

Bacteriophobia and Health-Board Folly.

By means of false premises and erroneous deductions the bacteriologists have established, in opposition to all reason and common sense, the dogma that all infectious diseases are due to bacteria, and that all diseases in the lesions of which so-called "pathogenic" bacteria are found are infectious diseases. This unsubstantiated teaching has unfortunately become so popular that it is a matter of common comment in the daily press, and the gullible public are driven to a morbid bacteriophobia lest some microbe alight upon them and set up disease. The bacteriophobists who scent the ba-

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cillus everywhere tell us that we are constantly surrounded and menaced by these insidious foes; that the air we breathe, the food we eat, the water we drink, and the clothes we wear all swarm with these invisible enemies ever ready to assault us. By this pernicious teaching the credulous public are led to believe themselves the defenceless prey of unseen enemies which constantly surround and threaten them. On the baseless assumption that bacteria are the sole cause of disease many silly, obnoxious and oppressive health-board measures have been inflicted upon the public, and many laws antagnostic to public health and personal liberty have been passed by legislative incompetents at the instigation of medical factions. I here recount a few of the many farcicial and nonsensical proposals and recommendations that have from time to time been seriously advocated by the adherents of the absurd hypothesis called the "germ-theory." It has been proposed and recommended that the hundreds of thousands of consumptives in the United States be removed from their homes and segregated in State sanitoria; that pest houses for consumptives be established to which these unfortunates shall be transferred (by force if necessary), and that everybody and everything in the remotest degree related to consumption be placed under health board surveillance; that every house in which a consumptive has lived or died be destroyed by fire; that the clothing of consumptives be fumigated and boiled before being sent to the laundry. Many such preposterous measures formulated by health boards, coupled with their hysterical declamations about the communicability of tuberculosis, have put consumptives before the public in the attitude of criminals, besides inflicting upon this class of patients many other genuine hardships. It has been recommended that all domestics be examined by official inspectors before being admitted into a household; that all school pupils have their throats officially inspected every morning before entering school; that all the children in our public schools be injected at stated intervals with antitoxin in order to immunize them against diphtheria; that it is dangerous for even a healthy person to spit upon the sidewalks; that it is not safe for men to wear whiskers; that it is dangerous to frequent the town post office or the court room unless these are daily disinfected; that it is not safe to enter a department store, a theatre or a trolley car that is not daily fumigated; that it is dangerous to receive letters written by a consumptive, or handled by consumptive clerks or carriers; that it is not safe to use plates, cups, knives, forks, or spoons in restaurants or hotels because the simple rinsing of these articles in boiling water is not sufficient to kill the microbes; that it is not safe to drink water which has not been sterilized; that it is unsafe to eat vegetables that have not been washed in sterilized water; that it is dangerous to eat the flesh of the bovine species until it has been cooked sufficiently to destroy the tubercle bacilli; that for the same reason it is dangerous to eat butter, cheese, cream or milk that has not been Pasteurized. This last warning is given by the bacteriophobists notwithstanding the fact that Koch, one of their high priests, emphatically declared in 1901 that the bacillus of bovine tuberculosis is a specific variety which does not produce human tuberculosis. Koch further announced that the bacillus of human tuberculosis does not cause tuberculosis in cattle.

From American Medicine of December 31, 1904. I quote the following:

"Recent news from Berlin states that the Imperial Commission appointed by the government to investigate bovine and human tuberculosis reports that investigation shows that bovine and human bacilli are absolutely distinct, biologically, and that one never changes nor develops into the other."

It has been gravely recommended that young children be fed exclusively on sterilized goat's milk; that ice should be made from sterilized water. M. Rich, a French physician, in an article which appeared in "Modern Medicine," stated that he found 175,000 microbes in a cubic centimeter of ice, and recommended, therefore, that no ice be used until it has been thoroughly boiled. Not wishing to question the sanity of Dr. Rich, it is my opinion that he was burlesquing the germ enthusiasts. The Medical Times gravely suggests that as Dr. Nelpasse, a French physician, has figured out that there are 80,000, more or less, microbes to the square inch on the surface of a person's hand, the customary salutation of hand-shaking be abolished, and the Chinese custom (shake your own hand and bow) be adopted in its stead. The Medical Times was guilty of unpardonable negligence in failing to include in its sapient advice the additional important precaution: Remember when shaking that your back must be turned toward your friend, as there are several billion bacteria in each breath we exhale. Haven't the bacteriologists told us so? In the ignorant and blissful premicrobian past no doubt millions of our youth unwittingly exposed themselves to every disease from tic douloureux to elephantiasis!

Some time ago kissing was put under the ban through the startling "discoveries" of a Missouri doctor who acquired considerable newspaper noteriety thereby, and now a young fellow can no longer squeeze the hand of his best girl without incurring the ghastly risk of exposing himself and his sweetheart to infection by the agile and omnipresent germ.

Notwithstanding all this bacteriophobic excitement, lovers who remain true to the eternal laws of nature and ignore the changing postulates of medical theorists do not appear to be more frequently the victims of so-called germ-diseases than are the rest of mankind.

It now remains for some germ-crazed enthusiast to make the startling discovery that this germ infected planet is no fit abode for human beings who would better make haste in "getting off the earth" than to remain here in constant danger of being pounced upon by the ever-present disease germ.

All the above-mentioned recommendations and many more equally absurd and senseless have been seriously recommended in medical journals, ortho-

dox medical works, and in treatises on bacteriology.

It has also been urged from the same quarters that for the purpose of carrying out these various recommendations a special corps of salaried medical directors, inspectors, assistant inspectors, fumigators and disinfectants be appointed by the health boards and paid by the people.

With such measures in operation the medical profession would bid fair to become as attractive to the ambitious youth as the Standard Oil Trust, and "health" (?) officials would soon become as numerous and pestiferous as the locusts of the fabled Egyptian plague. Through meddlesome officialism life would become unendurable.

If one-half of what the microbe-hunters say about the dangers of these tiny creatures is true, the doctor is the greatest hero the world has ever seen. He is almost continually in the midst of these formidable enemies, gallantly fighting the invincible foe; still he always comes out of the battle unscathed, thus proving that he is a good fighter so far as keeping the germs away from himself is concerned. Unfortunately, however, he has never found anything to keep them away from his patients.

If the probabilities of infection were even approximately as great as the adherents of the germ doctrine depict them, few physicians and nurses would be willing to expose themselves to such danger. But as a matter of fact we observe that infection of those who are engaged in nursing the sick and of those associated with them, although they usually do not, and can not, act with great precaution in their intercourse with patients, occurs by no means more frequently than is the case among those who have nothing to do with infected patients. One has only to note the patent fact that physicians and the members of their families are not by any means more frequently attacked by infectious diseases than are other individuals, who have nothing whatever to do with infectious maladies. These facts show that there is a wide gulf between the possibility and the probability of becoming infected.

When one stops to soberly think it over, he wonders how all the world's population from Adam to Brigham Young, and from the latter to the apostles of the cult of the "pathogenic" microbe, ever managed to pull through life in such mighty numbers, although in blissful ignorance of the omnipresent bacillus which threatens to blot out human existence.

In addition to being a terror to the non-medical world the microbian theory of disease has been a source of great annoyance to medical men who had no faith whatever in it. Believing no more in the power of microbes to cause disease than in the ability of mites to cause decay in cheese, and convinced of the utter futility of bacteriology to render the slightest assistance either in the prevention of the cure of disease, these physicians had, nevertheless, to learn the jargon of that pretended science through fear of appearing to be deficient in the knowlege of what its numerous adherents deem the perfection of pathological science.

Has the Discovery of the So-Called "Pathogenic" Bacteria and the Employment of Anti-Microbic Therapy Been of Any Appreciable or Demonstrable Value in the Prevention or the Cure of So-Called Parasitic Diseases?

Let the adherents of the bacillary theory compare the situation of the tuberculous, for instance, in the ante-bacterial period with that of the post-bacterial.

Let them compare the measures employed in the pre-microbian era against consumption, pneumonia and typhoid fever with those now in use. Let them furnish positive proof that these diseases have decreased in frequency or diminished in fatality in consequence of the employment of germicides and disinfectants. When Koch, in 1882, announced his wonderful discovery of the tubercle bacillus, and shortly thereafter introduced his wonder-cure (the tuberculin treatment), great were the hopes entertained that "the white plague" was soon to be banished from the earth. But, alas, for medical theories and human prescience! What was proclaimed as the savior proved to be the destroyer. Tuberculin and all its modifications were found to be worse than useless to the phthisical patients on whom it was employed. It was for a time, however, a great bonanza for the proprietor and purveyor of this high priced nostrum which at first commanded exhorbitant prices. Similar failures followed the use of all the antitoxic serums and antiseptic injection-preparations for the treatment of tuberculosis, which one after another were tried upon the sick with such positively baneful results that they had to be discarded. Medicated inhalants, creosote, guaiacol, id genus omne, as well as scores of other nauseating "antiseptic" and "germicidal" remedies based on the theory of the bacillary origin of disease, have been tried upon the sick with injurious effects. All the "specifics" and "sure cures" for consumption have one after another been relegated to the vast heap of forgotten baubles that in their day had also been mistaken for verities.

During the last two decades billions of dollars of the people's money have been expended by our government in waging a relentless warfare against the invincible microbe, and in carrying out absurd health-board measures based on the germ-theory for the prevention of this disease.

What has been the result of all this anti-microbic activity? Has tuberculosis, pneumonia, typhoid fever or any other disease been "stamped out" or mitigated by this germicidal crusade?

William Osler, M. D. (allopath), in the recent (fifth) edition of his "Practice of Medicine," pp. 258-259, says: "At a low estimate one can say that at least 150,000 persons die annually in the United States of some form of tuberculosis." I have been unable to find any estimate of the annual death rate from consumption in the United States during the pre-bacterial period which at all approximates in magnitude Dr. Osler's estimate for the present post-bacterial period. Mortality statistics

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on a broad scale gleaned from all parts of the civilized world show that at the present time about one-seventh of the deaths from all diseases are due to tuberculosis. In the United States Census Report for the year 1890, 102,188 deaths were stated to have been due to consumption. The last decennial census of the United States shows no decrease in the prevalence of this malady, nor does it indicate that there has been any diminution in the number of deaths therefrom.

To-day after the lapse of nearly a quarter of a century since the discovery of the tubercle bacillus (the supposed cause of consumption), and after the assiduous employment of anti-microbic therapy and the use of prophylactic measures based on this "discovery," what do we find? Tuberculosis is still the greatest scourge of the human race. Never in the world's recorded history have the victims of "the white plague" been more numerous than they are to-day. In the expression of these views concerning the inutility and the danger of modern "scientific" phthisiotherapy as practiced by the self-styled "regulars" I am not by any means alone.

Many physicians, even among the unsuspecting adherents of the microbian doctrine, share these same views. From the November (1905) issue of the "Medical Times," a staunch adherent of the "germ-theory" of disease, I quote the following extract from an editorial on "The Trend of Modern Phthisiotherapy:"

"It is indeed an odd phase of medicine that the specific cause of consumption having been so brilliantly discovered, no means designed essentially for its destruction and elimination has been successful. Nay, worse than this, it is now generally agreed that such therapeutics has been actually baneful."

At the present writing I believe I am safe in stating that the consensus of opinion among the ablest exponents of old school therapy is that drugs of all kinds are worse than useless in the treatment of consumptives. One allopathic authority whom I have already quoted goes so far as to declare that in his opinion not a case of consumption has ever been cured by any drug in the Materia Medica.

Cyrus L. Topliff, member of the "National Association for the Study and Prevention of Tuberculosis," in speaking of consumption says: "After several generations of study and experimentation the medical profession of the entire world has finally come to the conclusion that this disease is not amenable to drug treatment."

The advocates of anti-microbic phthisiotherapy are welcome to whatever cold comfort they can extract from these frank utterances of one of their distinguished colleagues. It is a sad commentary on the medical profession that notwithstanding the fact conceded by the ablest physicians of the old school that their drug treatment of tuberculous patients is worse than useless, still the rank and file of allopathic practitioners go right on drugging, secundum artem, the unfortunate victims of this disease.

It is now generally agreed among the ablest practitioners and teachers of the old school that the only hope of salvation for the tuberculous patient is to be found in the remedies of old renown, viz., fresh air, sunshine, nutritious food and out-of-door life.

Pneumonia.

Let us next turn to pneumonia. Has this disease diminished in prevalence or lost any of its terrors in consequence of the discovery of the pneumococcus, and the introduction of prophylactic measures based upon the theory that this disease is infectious, and the pneumococcus its cause? In April, 1884, it was announced by A. Frankel that he had determined that the previously discovered micrococcus lanceolatus (pneumococcus) was the specific etiological organism of acute lobar pneumonia. This micro-organism is now generally assumed by the "regulars" to be the specific cause of pneumonia.

What has Frankel's brilliant discovery of twenty-two years ago done to ameliorate the condition if the pneumonia patient?

Let one of the most eminent representatives of allopathic medical "science" answer.

Professor William Osler, M. D., in the recent edition of his work on the "Practice of Medicine," says: "The most widespread and fatal of all acute diseases, pneumonia is now the 'Captain of the Men of Death.' * * * In the United States during the census year 1890 there died of it 76,496." * * *

Referring to the statistics of penumonia in the city of Chicago, Dr. Osler says: "In the last decade the death rate was 18.3 per 10,000 of population, as against 12.36 per 10,000 in the preceding decade." From these official records it appears that pneumonia has lost none of its terrors in Chicago, a city which for many years has been dominated by a health board made up of the most zealous adherents of the microbian doctrine of the origin of disease. Professor Osler tells us further that "The admission of pneumonia cases to hospitals during the past few years has in some places almost doubled." (Pp. 108-109.)

Is pneumonia more amenable to old school therapy at the present time than it was previous to the discovery of the pneumococcus and the employment of germicidal measures based on this discovery? Again, let Professor William Osler answer this question. "Pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally without a dose of medicine having been administered." (Practice of Medcvine (fifth edition), by Wm. Osler, p. 134.)

Continuing, Prof. Osler says: "There is no specific treatment for pneumonia. The young practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent." (P. 134.) This scathing condemnation of modern old school therapy by one of its ablest teachers is significant, indeed. In the following words Prof.

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Osler briefly expresses his estimate of the pitiful futility of modern serum therapy in the treatment of pneumonia: "Many trials have been made of the curative value of anti-pneumococcic serum in the treatment of pneumonia. Thus far it has not been shown that the serum influences in any marked degree the course of the disease in man." (Practice of Medicine, pp. 113-114.)

Judging from this estimate of an unquestioned authority, bacteriological "science" and the efforts to establish serum therapy in the treatment of pneumonia do not seem to have helped matters much.

The efforts recently put forth by that notable company of scientists selected in view of their known skill and acknowledged integrity, "the Pneumonia Commission," whose proceedings were published by the Rockefeller Institute, have not resulted in any positive progress. The best that can be gleaned from their report is of a negative character. So able and liberal a journal as the Medical Standard has summed up the results of their efforts in the following statements:

1. The diplococcus lanceolatus was found in indiscriminate frequency and numbers in the secretions of healthy and pneumonious subjects

2. Several varieties of the germ were located, of which it was impossible to differentiate any special one as the pathogenetic organism of pneumonia.

3. The inoculation of the various species of lanceolatus into healthy animals furnished no sufficiently constant results upon which to base a principle of micro-organic etiology.

Thus again was shown the impotence of bacteriological "science" as an adjunct in the treatment of pneumonia. In the face of the findings of this Commission the old school doctors still insist that the diplococcus lanceolatus must be the specific etiological factor in the production of acute lobar pneumonia which they define as an infectious disease.

Typhoid Fever.

Have the prophylactic measures based upon the bacillary doctrine of disease, or the employment of anti-microbic therapy availed anything in the prevention or cure of typhoid fever? In 1880 Eberth discovered the bacillus typhosus, the supposed cause of typhoid fever. On the basis of this "discovery" preventive and remedial measures have been extensively employed by the practitioners of the allopathic school in combatting typhoid fever. As to what the results of this treatment have been let the adherents of the germ-theory bear witness.

During the Spanish-American war typhoid fever was so prevalent and wrought such fearful havoc among our encamped soldiers that a commission was appointed to investigate this grave matter. Notwithstanding the fact that government bacteriologists scrutinized all water supplies for the camps with such extreme caution that the thirsty soldiers had to wait at the well-curb or the spring for the arrival of the laboratory report before being permitted to slake their thirst, yet typhoid fever was overwhelmingly prominent among the causes of death among our troops thus "protected" from and guarded against the assaults of the typhoid bacillus.

According to the report of the Commission, consisting of Walter Read, Victor C. Vaughn and Edward O. Shakespeare, "One-fifth of all the soldiers in the national encampments in the United States suffered from typhoid fever." "Among 107,973 men there were 20,738 cases of this malady, and the deaths therefrom were 86.24 per cent. of the total deaths from all causes. In ninety per cent. of the volunteer regiments typhoid fever broke out within eight weeks of going into camp." These were the results in spite of all the government parphernalia and machinery arbitrarily kept in continuous operation for the purpose of preventing and "stamping out" typhoid fever through the detection and destruction of the bacillus typhosus.

It is a sad commentary on the germ-hypothesis that after all the "scientific" researches and brilliant discoveries of its supporters, people continue to die in the same old accustomed way of consumption, diphtheria, pneumonia and typhoid fever just as they did in the ante-microbian era when people lived in blissful ignorance of the omnipresent bacilli.

As to the value of germicidal and antiseptic medication in the treatment of typhoid fever, I again quote from Osler's Practice of Medicine (p. 45): "Very laudable endeavors have been made in many quarters to introduce methods of treatment directed toward the destruction of the typhoid bacilli and the toxic agent which they produce, but so far without success." Selah!

Serum-therapy in typhoid fever, this authority dismisses with the following few words: "In spite of many experiments and clinical trials the results are still unsatisfactory."

Under the head of medicinal treatment of typhoid fever Osler says: "In hospital practice medicines are not often needed. A great majority of my cases do not receive a dose."

The foregoing extracts from the latest work of the leading allopathic authority of the world do not bespeak much for the success of anti-microbic prophylaxis or therapeusis in the treatment of typhoid fever, a so-called parasitic disease.

Antitoxin in Diphtheria.

Let us next inquire what the discovery of the Klebs-Lœffler bacillus and diphtheria toxin have availed in the prevention and treatment of diphtheritis.

The antitoxin fad, like the Trilby craze, spread over the ranks of the allopathic prefession like wildfire on a prairie, and has for some years been in general use among the rank and file of this school of medicine. Some weak-hearted and mongrel Homœopaths have also been led astray by this allopathic ignis fatuus. So loud and long were the hosannas of the antitoxinists in praise of the miracles wrought by the employment of sick horse juice in the prevention and the cure of diphtheria that a superficial observer might have been led to

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believe that salvation from diphtheria had been achieved.

But Prof. Osler who has had extensive opportunities for observing the effects of antitoxic serum in the treatment of diphtheria frankly tells us that since the introduction of the serum treatment diphtheria has increased.

On page 138 of the recent edition of his "Practice of Medicine," he says: "While other contagious diseases have diminished within the last decade, diphtheria has increased, particularly in cities."

What a curious anomaly that the very disease for the prevention and the cure of which a grand "prophylactic" and "specific" has been so brilliantly discovered and so extensively employed "has increased, particularly in cities," the very places in which the "prophylactic" and "specific" has been most extensively used; while other contagious diseases for which there is no known "specific" treatment have during the same period diminished. The more antitoxic serum the more diphtheria seems to be the rule.

Such are the glaring inconsistencies between theory and practice.

In the light of this revelation emanating from one of the most brilliant luminaries of the allopathic faculty, it is to be hoped that the practitioners of "rational" medicine may be enabled to perceive the advisability of employing more "sound horse-sense" and less sick-horse serum in the treatment of their diphtheria patients of the future.

From an article by Geo. B. H. Swayze, M. D., of Philadelphia, Pa., which appeared in the Medical Times for October, 1905, I take the following extract:

"Through the courtesy of the chief medical inspector I obtained these relevant official statistics. In Philadelphia for the six years immediately preceding the adoption of this rigid bacterian repression by the local board of health, the average deaths from diphtheria were 490 annually. For the equivalent six years immediately following when these germicidal tactics were pressed into official vogue the deaths from diphtheria in Philadelphia numbered the significant average of 1,070 annually." "Such," adds Dr. Swayze, "is an authentic demonstration of the futility of fighting the helpless bacillus." The treatment of diphtheria by the anti-diphtheritic serum, he tells us, has been pushed in Philadelphia for all it is worth by the combined forces of the agents of the local board of health, by gratuitous distribution of serum, by the potential enginery of professional obeisance and by public fear. Nevertheless the official report of diphtheria cases in Philadelphia for the three weeks ending November 25, 1905, showed 286 cases with 38 deaths.

Prof. Sorenson (Blegdam Hospital, Copenhagen) says: "A wonder cure which shall completely change the course and prognosis of diphtheria is not found in antitoxin." Further statistics from the Blegdam Hospital by Ring and Ellerman, based upon 1,356 cases, announce that "statistical proof of the value of antitoxin has not been found." The profound researches of Prof. Kassowitz and Gottstein are annihilatory of the claims of serum as a remedial agent in diphtheria. After a very exhaustive study of the statistics of serum-therapy in diphtheria these cautious investigators (allopaths) put themselves on record in the following words: "Statistical evidence of its specific value is totally wanting." In 1896 in an article on Diphtheria Statistics, Prof. Kassowitz showed to what gross errors a false statistical method (such as the adherents of antitoxin usually resort to) leads, and how the ratio of diphtheria deaths compared with the total number of cases gives a false picture He says: "For example, in Trieste in the summer of 1894, the physicians unanimously determined and agreed to treat antitoxically every case or suspected case of diphtheria, and, in fact, the death rate of the hospitals sank noticeably. Had this diminished death rate been due to the specificity of serum then the town death rate should have been correspondingly lowered. The contrary was the case; for while the absolute diphtheria death rate in Trieste was in 1888, 98 cases; 1889, 93 cases; 1890, 118 cases; 1891, 182 cases; 1893, 222 cases; in 1894, in spite of serum, it reached 349; in 1895, under the same treatment, sank to 271, while in the last three months of 1896, in spite of the universal serum treatment, more cases died of diphtheria in Trieste than had previously died during a whole year."

Prof. Sorenson (allopath, Blegdam Hospital) sums up, as the result of his vast experience, that "in serious cases of diphtheria antitoxin cases showed neither a more favorable progress nor a lessened death rate. Nor has serum action hindering the progress of the disease been observed."

Did space permit I could cite similar statistics by the page, chapter and volume. From all the observations I have been able to make both in my own practice and in the study of statistics on a broad scale I am convinced that the dangers and complications which threatened the diphtheria patient before the serum era are still strongly in evidence, and that only the benign cases of diphtheria which progress favorably under almost any old treatment are the ones that are "cured" by antitoxin.

What has all this costly warfare waged against the helpless microbe amounted to in the prevention or the cure of disease, and what good has come of all this meddlesome official interference with the rights and liberties of the people?

Has consumption, diphtheria, pneumonia, scarlet fever, typhoid fever or any other disease been "stamped out" by these germicidal crusades?

Let a distinguished and scholarly adherent of the germ-theory answer. Prof. O. Rosenbach, M. D., of Berlin, an eminent old school clinician of wide experience, says: "In my opinion, neither by quarantine measures, nor by antiseptic deeds, nor by bacillary investigations are we able to prevent either the outbreak or the spread of any malady." (Physician vs. Bacteriologist, 1905, by O. Rosenbach, p. 220.)

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MEMBERS AND GUESTS OF THE UNANIMOUS CLUB, JAN. 31, 1906.

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Any person who has a modicum of common sense in his make-up can readily perceive that if the ubiquitous microbe infests the world in such vast numbers as the bacteriologists allege, it is wholly impracticable and utterly impossible to materially diminish the risk of encountering them and utterly hopeless to attempt to escape them by concerted efforts at their destruction.

In refutation of the germ-hypothesis I have here presented the testimony, not of its opponents, but that of its unsuspecting adherents.

The present status of the "germ-theory" may be briefly summed up in the following words of one of its ablest exponents: "Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease." The above quotation is from an address delivered by Dr. Rudolph Virchow at the thirteenth triennial session of the International Medical Congress held in Paris in 1903. Virchow's candor and honesty deserve the admiration and respect of every lover of truth.

Medical Delusions, Past and Present.

Medicine, like millinery, has its fashions and fads. The practices of one generation of doctors become the laughing stock of the next. About one hundred years ago it was the prevailing fad with the self-styled "scientific" doctors popularly known as allopaths to inoculate into the bodies of well people the contagion of small-pox, under the pretext of "stamping out" small-pox.

The wholesale inoculation of healthy communities with the infectious matter of small-pox was at that time recommended and practiced just as vaccination is to-day. This ruinous custom rested on the preposterous theory that small-pox could be eradicated by disseminating its contagion among the people. At the time of its introduction variolous inoculation was hailed by the doctors of the "regular" school as the greatest and grandest of medical discoveries, and the encomiums lavished upon it equalled those that have since been bestowed upon vaccination. While in vogue, small-pox inoculation was always spoken of by orthodox medical teachers and writers as "one of the best attested facts in medical science." In 1754 this loathsome rite was authoritatively sanctioned by the Royal College of Physicians (allopaths), who pronounced it "highly salutary to the human race."

Reader, think of it! Small-pox, one of the most loathsome of diseases, "highly salutary to the human race." Shades of Lazarus! O Tempora! O Mores!

In spite of the frightful havoc wrought by variolous inoculation, this disastrous delusion continued to flourish for more than 150 years. Probably more than all other things combined this practice contributed to keep small-pox alive by constantly disseminating its infection among the people.

Viewed in the light of our present knowledge, small-pox inoculation is seen to be a disastrous delusion. Instead of being the "entirely harmless and beneficent invention" that it was claimed to be in 1721, it was found to be so pernicious a practice and so destructive of public health as to be branded a crime in 1840, when it was found necessary for a British Parliament to make it a penal offense.

Alas, for medical theories and human prescience! What had been proclaimed as the savior proved to be the destroyer.

Half a century ago it was the prevailing fashion with the "regulars" to bleed their clients at stated intervals on the pretext of keeping off sickness, and expectant mothers had to undergo the operation repeatedly. Old and young, sick and well, weak and strong, all were indiscriminately subjected to the lancet for the most trivial ailments by the advocates of this "scientific" practice. A few decades ago it would have been regarded by the allopathic doctors as almost criminal to have treated a case of pneumonia without bleeding the patient.

Under the sway of this disastrous rite hecatombs of human victims were sacrificed on the bloody altar of this medical Moloch. We smile with pity at the credulity and ignorance of those who were led to believe in such glaring absurdities, but it is no laughing matter when unwilling parents are urged by health board officials, and almost forced by law, to submit their healthy children to the assaults of the official vaccinators who are willing to pollute their pure blood with the poisonous matter from a sore on a diseased beast. It is indeed a deplorable state of affairs when a mere hypothesis is forced into the position of a dogma, adopted as infallible, and made to dominate the actions of daily life, and especially when men of learning become partisans of erroneous teaching, lose their common sense judgment and act in obedience to some ancient authority.

No doubt many of the Century's readers remember the craze which swept over the medical profession when Lister announced his views on the presence of disease-germs in the air, and his elaborate plan for their extermination by means of his famous carbolic spray. I need hardly remind my readers that Lister's views and practice were received with acclamation and adopted with enthusiasm in almost every part of the world. In Austria, Germany and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister received the most fulsome adulation from every quarter. Through the fame acquired by his ridiculous proposal to get rid of imaginary disease germs in the air by means of his carbolic spray machine he was made a peer. The English Government, wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and injurious plan for killing disease-germs. It is needless to state that Lister's carbolic spray machine together with all its accessories has long since been discredited and discarded by the entire medical profession. Listerian antiseptics rested on the absurd hypothesis that the air contained the germs which were the most active and pernicious in producing disease. This theory proved to be as

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empty as a soap bubble. It is now conceded by the germ faddists themselves that air contact is the least to be feared of all.

A perusal of the recorded accounts of Lister's heroic assaults upon imaginary disease germs in the air recalls vividly to mind Cervantes' celebrated satirical romance of the valiant Don Quixote and his encounters with windmills, which he mistook for giants.

Any surgeon who should at the present day undertake to carry out Lister's methods in the operating room would be looked upon by his colleagues as a fit subject for the services of a commission de lunatico inquirendo.

Thus do the medical fads of one generation of "scientific" doctors become the laughing stock of the next. Listerism has taken its appropriate place among the fossilized curiosities of medical literature and retains only a historical interest.

Only a few years ago the "regular" doctors indiscriminately bled, blistered, puked, purged, sweat and salivated their patients under the delusion that disease was an entity and could thus be expelled or eliminated from the body. This routine practice they were pleased to call "rational" and "scientific" medicine.

From the Lancet (London) of February 24, 1900, I quote the following: "Until fifty or sixty years ago disease was regarded as an entity distinct from the body, to be expelled from it by drugs, whereas we now regard it as a state affecting the entire man." If I may be permitted to prophesy, I venture the prediction that the "germ theory" of disease will in due time follow the long procession of medical blunders into the limbo of exploded pathological doctrines.

DIAGNOSIS, PROGNOSIS AND SEQUELAE OF CHRONIC BRONCHITIS.

BY F. W. GORDON, M. D., STERLING, ILL.

Standard authors tell us that chronic bronchitis is rarely a primary disease, but may be so from the beginning. It usually results from frequent attacks of acute diseases, and while generally diagnosticated without much difficulty it is likely to be mistaken for various other diseases, especially phthisis in its early stages. It may also be mistaken for the primary symptoms of whooping cough or measles. The symptoms ordinarily are much like the acute form of the disease, but much less severe. Fever, which is a cardinal symptom of acute bronchitis, may be wholly wanting in the chronic form. Pulmonary tuberculosis differs from chronic bronchitis in its tubercular history, loss of flesh and strength, consolidation of parts of one or both lungs in many cases, hectic fever, abscess of the lung, and, finally, the tubercle bacillus, all of which symptoms are rarely found in chronic bronchitis. Phthisis, however, is given as one of the causes of this disease, also alcoholism, rheumatism, gout, syphilis, organic valvular affections, obesity and chronic Bright's disease; cough is common, but pain is seldom complained of. The disease is very common in middle life and old age.

Dilated bronchi are occasionaly found in this disease, says Quain, and such cases are the most difficult to differentiate from phthisis. Medium-sized bronchi usually affected. Chronic bronchitis is frequently found among the working classes for obvious reasons, such as lack of fresh air, proper food, clothing, cleanliness, etc. Thousands of cases are found among all classes and conditions due to dissipation and unnecessary exposure. Many complain of shortness of breath, especially when ascending stairs or on any unusual exertion. Percussion may not reveal much that is abnormal unless complications have developed. Auscultation is likely to reveal harsh respiratory murmurs. Expectoration is usually scanty, but may be profuse.

Prognosis:- Chronic bronchitis is seldom known to end in complete recovery except in very mild forms, and in cases of relatively short duration. Ziemssen says: "The temporary intermissions not infrequently observed in the course of chronic catarrh during favorable seasons of the year, must not be regarded as actual recoveries, for under the influence of some slight injury, a slight cold, a wetting, or even without the influence of any special cause but merely with the approach of the inclement seasons, all the symptoms promptly recur. There remains, therefore, in even very favorable cases, an unusual predisposition to such catarrhal affections. The prospects of recovery are, as a matter of course, relatively more favorable in strong, youthful subjects than in weak individuals, and those in the decline of life. The severest forms of chronic bronchitis lead, finally to a fatal termination, through a series of secondary affections, although for the most part not until after long duration."

Sequelæ: Serious diseases and complications are likely to follow long-continued bronchitis, especially in cases where repeated attacks of the acute forms have arisen from time to time. The principal ones are mitral insufficiency, cyanosis, hypertrophy and dilation of right heart as a result of disturbed circulation, Bright's disease, dropsy emphysema, spasm of the glottis, bronchiectasis, and in those predisposed to tuberculosis, this disease is likely to be increased. [Rock River Inst.]

Addresses.

"LEST WE FORGET."

An Address Authorized By the Regular Homœopathic Medical Society of Chicago.

Truth is unchangeable and uncompromising. Wherever found it is in perfect harmony with all other truth. Whenever and wherever you find discord you may rest assured that something has been allowed to creep in that is false, and that something must be removed before harmony can be restored. To just the degree that truth is made to yield to the demands of errors will the results be unsatisfactory and real progress retarded.

Homœopathy stands for a law of cure. It is

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claimed to be founded upon a truth, and the same has been demonstrated not only by means of its works, but by reason of its harmonious relation with all other established truths. To-day it is divided into two uncompromising factions. Either one is right, or both are wrong. By their fruits shall we know them. It is a specious plea that Homœopathy is limited in its action, and consequently our students must be taught everything in medicine; but alas and alack! the time has been too short for everything, so Homœopathy is being crowded out.

The public asks for Homœopathy and are given to understand that they are receiving the very best Homœopathy in the market, a strictly modern, up-to-date twentieth century inspiration. The public knows no better, and oft times the physician shows equally limited knowledge of the real truth, for he is thoroughly consistent with much of the teaching received while attending a homœopathic (?) college.

The old cry against the "narrow," "dogmatic," "sectarian" spirit of Homœopathy is heard no more. On the contrary, the old barriers are being removed and the door swings wide open to the "modern" Homœopath, and why not, when there has been such a complete surrender of everything that savors of Homœopathy? Mark this radical difference, however, between the recreant Homœopath and the convert from the empirical teachings of the "old school," the first departed from the faith because he was not willing to make the close application required from a faithful follower of Hahnemann, and, for the same reason, usually is content with the discarded practice of a past decade, while the convert to Homœopathy invariably insists upon the strictest application of the teachings of Hahnemann.

Were it a matter of individual opinion our lips would be closed because it is the inalienable right of every thoughtful man or woman to act as his or her best judgment may dictate (provided the common rights of humanity are not encroached upon by such acts); but when these would-be leaders, these self-constituted moulders of medical thought adopt the tactics of their erstwhile enemies by treating with ridicule the conscientious efforts of homœopathic practitioners, and wherever possible, closing the door of opportunity in the face of those who would challenge their teachings, the time has come when the mass of homœopathic practitioners should rise up in their might and repudiate the leadership of such false teachers.

If we read the signs correctly, the time is right and the profession ready to begin an aggressive campaign for the restoration of Homœopathy to its logical place in the domain of medicine. This is to be no ephemeral movement, but the beginning of a struggle that will be most vigorously pushed until the banner of Homœopathy shall have been rescued from the hands of its traducers and restored to its former proud position as the synonym of law and truth. It bases its expectations of success upon the convincing power of its "law of cure," the comprehensive scope of its organization and the earnestness of its adherents.

To-day Chicago is recognized as the "homœopathic center of the world." It, therefore, seems natural that this new movement should find a focal center at this point, and the logical outgrowth of the protest which has been made for many years is found in the organization of the regular homœopathic medical society.

It is actuated by the single purpose of preserving and promoting the principles of Homœopathy, and will co-operate with any individual or organization having a similar purpose. Its declaration of principles is broad enough for any honest follower of Hahnemann, and at the same time simple enough to admit of no misunderstanding. No attempt is made to dictate the practical application of those principles. That is left to the judgment of the individual; but every known means will be employed to make the application of those principles so simple that the temptation to resort to doubtful expedients will be continually lessened.

About seventy-five responded to the first general call February 6, 1906, when the following declaration of principles was adopted:

First. The law of similars is the law of cure.

Second. The single, similar remedy is the only scientific prescription.

Third. The proper dose is the minimum amount sufficient to cure (the potency being left to the discretion of the physician).

Fourth. The indicated remedy is the remedy based upon the totality of the symptoms in each individual case (totality meaning the sum total of the deviation from the normal state).

Note.—This Society recognizes that there may be times in the practice of individual members when, not knowing what else to do, they may think it necessary to resort to palliative measures. While such treatment may seem justifiable, and will be tolerated, it is nevertheless unhomœopathic and is not endorsed by this Society.

The officers elected were:

President, A. C. Cowperthwaite, M. D.

First Vice-President, H. C. Allen, M. D.

Second Vice-President, D. H. MacMullen, M. D.

Secretary, G. P. Waring, M. D.

Treasurer, H. H. Baker, M. D.

Executive Committee, President (ex-officio), Drs. E. A. Taylor, H. Farrington, J. B. S. King, J. W. Kingston, H. W. Pierson, G. P. Waring.

Regular meetings of this Society will be held on the first Tuesday night of each month at 8:00 o'clock. Stenographic reports of each meeting will be made, and a bound copy of the transactions for the year may become the property of each member. For the present yearly dues have been placed at two dollars.

A cordial invitation is extended to all homœopathic physicians who can attend to become members. Other cities and localities are also urged to organize where the regular Homœopaths desire to co-operate in the above plan to preserve and promote Homœopathy.

G. P. Waring, M. D., Secretary.
55 State St., Chicago.

Chicago, February 15, 1906.

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Current Medical Literature.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

Clear Air, T. Mitchell Prudden, Medical Record, February 3, 1906. Dust Gardens, A. W. Nelson, Good Health, February, 1906.

Both of these articles deal with the all-important subject of contamination of the Air. Dr. Prudden ponits to the fact that the three absolute necessities of life are air, water and food. He does not attempt to take up a consideration of either water or food, or of air except as it may be contaminated by dust, thus covering the same field as that covered by Dr. Nelson. He recognizes the influence upon our knowledge of what might be called air organisms of the development of the study of bacteriology. An important and practical point early noted is the fact that these micro-organisms are not readily separated from fluids or moist surfaces, and that many of them are killed by drying, sunlight or immersion in water, or, if not killed, many pathogenic forms reduced in violence.

Lister was probably the most ardent student of these air organisms, and his spray with its various modifications was directed entirely toward the prevention of the entrance into a wound of any floating bacteria. Later, it was realized that living tissues had a wonderful capacity for destroying most of these germs, and the attention of the surgeon was directed toward direct sources of infection, as the hands, instruments, dressings, seat of operation, etc., having meantime made their operating rooms as clean as possible.

An English physician, Aitken, devised an instrument called a dust counter, a description of which appears in Dr. Prudden's article, he possessing one, which he has used in his studies. The principle upon which it is based is the fact that each rain drop as it falls surrounds a particle of dust, and the instrument is arranged with a vacuum chamber in which it is possible to condense moisture into drops which have as nuclei particles of dust contained in the chamber. How interesting is the study may be seen from the one statement that one full average exhalation of cigarette smoke sets free four thousand million particles of smoke.

Tyndall also made a study of floating matter in the air, demonstrating the fact that dust particles very quickly settle down when the surrounding air is permitted to remain undisturbed.

Among the living pathogenic micro-organisms found in the air are tubercle bacillus, pneumococcus, streptococcus, anthrax, staphylococcus, diphtheria and tetanus. It must not be understood that the author desires to convey the idea that all these germs are menacing all the time the health of the people, for it is known that most of them exist nearly all the time in an innocuous state. It is time also that they for the most part will settle to the floor or ground where there is no wind current to stir them up. The shutting up close of a room will result in the accumulation on the floor of all the germs in the atmosphere. Then, too, if the air in a room is rapidly and effectively changed, bacteria may nearly always be driven out. He points out also another interesting point, and that is that the opening of windows and the creation of a strong draft is not sufficient to dislodge dust particles from curtains and other fabrics hanging in the room. It follows that ordinary ventilation, however effective it is in the supply of fresh air and removal of gaseous contaminations, has no noteworthy effect in the removal of such dust

Another point shown is that it is not enough to merely hang out of doors garments which one desires to purify, they must be shaken or beaten.

Flugger, after a series of experiments, demonstrated the fact that by coughing, sneezing or even sharp speaking germs may be discharged in such quantities from the air passages as to be dangerous for a distance of several feet from the individual. In speaking it is not the loudness of the voice but the sharpness of the speech and the use of such consonants as t, k, b, f, that gives rise to a generous distribution of micro-organisms.

In a further consideration of the subject, Dr. Prudden takes up the effect of the inhalation of foreign materials in the lungs, showing that the irritation thus caused leads in many cases to some part of the lungs becoming dense and useless, and furthermore, a nidus for disease.

He considers in an interesting way the spread of such diseases as may be communicated through the air, no disease germs having as yet been discovered. Then he takes up in detail a consideration of the diseases above-mentioned, showing also how the virulence of many of the organisms may be modified. Following this, he speaks of precautions, preventive measures and methods of relieving such conditions as exist. He urges the prevention so far as may be possible of the distribution of infective material in the air, and, also, the practice of such methods of cleaning as shall insure the removal or destruction of infection or other dust from inhabited places, and especially from dwellings and indoor places of assembly. These two questions he considers in detail. As showing in part his ideas, the entire paper being too voluminous for our review, we might quote his suggestion that rooms, halls, churches, etc., etc., should be swept at night, and in the morning dusted with a damp cloth. This seems very simple, but it is none the less effective, as he shows.

Infected air in churches, hospitals, theatres, etc., comes in for a careful discussion. It is shown that hospital records will show an appallingly large number of cases of secondary infection acquired there, particularly in the children's hospitals and asylums and in the winter months. That should start someone thinking, and consequently acting.

Taken altogether, the subject as presented by Dr. Prudden is worthy of a most serious consideration, and should be presented to the managing boards of our large hospitals, asylums and houses in order that a better condition of affairs may be brought about.

Dr. Nelson's paper deals in a very interesting way with the same subject, though not so exhaustively. However, shows the effect of leaving ex-

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posed the gelatine surface of a petrie plate with subsequent placing in an incubator. One plate was left exposed for one minute in a room being swept and dusted, another was left exposed for twelve minutes in an ordinary living room during its normal use, another was exposed for five minutes near a milk pail, another was exposed for three minutes in a kitchen during regular work hours; all of these plates developed numerous colonies of micro-organisms. It was a telling object lesson.

He deprecates the prevailing extensive use of woolen and silk curtains, portieres, etc., arguing for the more sanitary free wood surface exposure.

In connection with this we might note considerations of sanitary drapings, curtains and other hangings in the February number of that famous and widely read popular paper, the Ladies' Home Journal.

The three articles above noted form a symposium upon the subject quite worth the reading by medical men, and particularly by those who have charge of institutions or homes where large numbers of individuals gather.

Correspondence.

OCCASIONAL LETTER FROM ENGLAND.

BY JAMES SEARSON, M. D., ASSISTANT PHYSICIAN LONDON HOMOEOPATHIC HOSPITAL.

Your readers will be aware that the Governors of the London Homœopathic Hospital were some time ago anxious regarding the finances of the institution, as for some years previously withdrawals had to be made from reserve to meet the annual expenses. An appeal was accordingly made to restore this borrowed capital and also to place the institution on a footing of greater financial security. This appeal met with a very hearty response and at the time of writing it is understood that the two-fold object has been accomplished.

An inquiry was also made into the expenditure department and a greater economy will, where possible, be practiced in the future.

The Hospital continues to do good work and the hundred odd beds are regularly occupied. The out-patient department is a considerable feature of the work. The teaching carried on at the Hospital is, as our readers, I think, know, restricted by the fact that no power exists in the Homœopathic School for granting degrees in this country. All the homœopathic doctors, therefore, on this side are educated in the ordinary allopathic medical schools, colleges and hospitals. Very useful work, however, in the way of teaching has been carried on amongst missionary students. A regular course of lectures is given together with clinical instruction suited to the requirements of the case. Post graduate courses are also arranged from time to time, but very few attend outside our own ranks and many of our own men who would attend are prevented by stress of professional work, and distance.

Dr. Nash's visit to London, arranged for by the British Homœopathic Association, awakened considerable interest here. He delivered a short series of lectures on materia medica subjects. The attendance was excellent and numbered at each lecture from forty to sixty. Dr. Nash took advantage of the opportunity to visit other parts of the country and colleagues generally did their best to add to his comfort and enjoyment.

The Monthly Homœopathic Review last September stated that an American journal had invited contributions from English colleagues. This the Review did not approve of. The opinion of the editor of the Review is not necessarily representative of the feeling of the doctors in Great Britain, the majority of whom I believe greatly appreciate the pabulum contained in the American journals as well as the kindly feeling which animates the writers, and the general sentiment here is, I believe, in favor of reciprocity and literary free trade.

The arrangements for the International Homœopathic Congress are arousing a good deal of interest here. A representative committee has been formed and efforts are being made to arrange for the attendance of as many of our colleagues as possible at Atlantic City in September.

The annual meeting of the British Homœopathic Association was held on December 12th, 1905, at the residence of Mr. J. P. Stilwell. An excellent report of the year's work was submitted and adopted. The items in the report included courses of lectures on materia medica given by Dr. Clarke and Dr. Stonham, a series of five lectures given by Dr. Nash, three in Clifford's Inn and two at the London Homœopathic Hospital; the organization of consultation days at the Hospital for which medical men outside the hospital were invited to bring cases of interest which they might care to exhibit, or upon which they might like an opinion; the appointment of a scholar in the person of Dr. Granville Hay for post-graduate training in Vienna in gynæcology, and the appointment of Dr. Frederick William Hayes, of Leeds, to the Dudgeon Scholarship, which enabled him to spend three months in study in Philadelphia.

64 Seymour Street, London, W.

The Hospitals.

AN ATLANTIC CITY HOMŒOPATHIC SANATORIUM.

We have been tolerably familiar with all our Sanatoriums, from Maine to California. We have visited most of them and we have in almost every instance been proud of the work done in them for humanity, and incidentally of the fact that our own school was so well represented. We have bragged of Sawyer's, Givens', Pennoyer's, Greenleaf's, Bailey's, Walter's and all the others. We have always been an advocate of locality individualization in placing our patients, and we have been pleased to find establishments of our school Sanatoriums in the Adirondacks, in the Rockies, on the plains of

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the West, on the Pacific coast. Familiar as we have been with all these institutions and locations, we have been very short-sighted and overlooked certainly the finest of them all, Galen Hall, at Atlantic City, in the State of New Jersey. We had a hazy idea that there was an old building devoted somewhat to sanatorium purposes down there, but we did not know that it was homœopathic in nature or that it could in any way be classified as belonging to our school of medicine. We know better now, and it isn't altogether our fault that we did not know of it before; in fact, many who go to Galen Hall, do not know, or at least are not given a chance to realize, that it is in any way a sanatorium.

At our recent visit to Atlantic City we were for an evening the guest of Galen Hall. We were shown with the greatest of courtesy and freedom through its halls, its wards, its operating rooms, its bath department, its electrical department and its mechanical department. We saw the drugs and the tools and appliances and nurses and all that appertains to a first-class homœopathic sanatorium. We were welcomed to the office of the resident physician, one of our own students, and, therefore, we know now that it is the finest sanatorium in the homœopathic school, where 2,500 patients are treated annually.

If we had not seen all this, had we gone to Atlantic City as a stranger, we might, probably would, have selected Galen Hall from among all the other hotels of that hotel-beridden city. We would have gone to the office and registered and have had as elegant quarters as can be found in any hotel on the boardwalk. Would have revelled in the comfort and splendor of its lobby, its writing rooms, its parlors, its library and its smoking rooms. We would have admired the immaculacy of its dining rooms and rejoiced in the neatness of the waitresses and the excellent service and cuisine, and we would have departed at the end of our visit satisfied that there could be no better hotel found anywhere in all its appointments than Galen Hall. And even the medical significance of the name, Galen, would have been lost upon us.

But for all this, it is a sanatorium, and a homœopathic one at that, combining with it all the comforts of a modern up-to-date hotel, open all the year round. The building is the result of the matured and perfected planning of years, and combines every detail of strength, beauty and comfort. It has a capacity for 360 guests. Its furnishings are rich and handsome. It has solariums, sun parlors and superb bath accommodations, and is certainly inviting to invalids, convalescents and the tired, and all this with no suggestion of invalidism about it, but rather that of a quiet, home-like hotel. The chief medical officers of the institution are Drs. J. R. Fleming and A. W. Baily, well-known to the readers of the Medical Century, and its resident physician is Dr. L. M. Merrow, of the class of 1904, homœopathic department of the University of Michigan.

Atlantic City as a health resort has a fame that is not accidental, but one that rests on a firm foundation. That it is an ideal place for a convention we all know, and we urge upon our readers who may attend the joint session of the American Institute of Homœopathy and the International Homœopathic Congress in September of this year to call and be conducted through Galen Hall. It will be a revelation and an inspiration.

Societies.

THE CLEVELAND HOMŒOPATHIC MEDICAL SOCIETY.

This flourishing organization held its regular meeting in Cleveland, January 17, 1906, in the main lecture room of the college building. A large audience was present, and enjoyed to the fullest extent the program presented.

President W. H. Phillips delivered the annual address. He gave a review of the very excellent work done by the Society during the past year. He said that he and his cabinet had recognized as their first duty that they must present a program at each meeting that would make every man feel that it would pay him to be present. It must pay first from the medical, social and purely business standpoint. The officers had been very careful in their selection of essayists, and upon only a very few occasions had they been disappointed. He emphasized the necessity that a paper should not be presented to a medical society unless it was of scientific importance, and that all papers should be most carefully prepared.

He called attention to the fact that men from out of town had been called to address the meetings, notably Drs. Wilson, of Bellefontaine; Sawyer, of Marion; Maxwell, of Toledo; White, of Colorado Springs; Rosenberger, of Covington; Copeland, of Ann Arbor; Boger, of Parkersburg (W. Va.), and others.

He spoke of the necessity for a broader discussion of papers read. He spoke also of the need for more presentation of details of clinical work, this being of the greatest value to the average listener.

The work of the legislative committee was taken up under the head of the purely business profit to attending members. This committee should concern itself with public appointments open to medical men, and should work for the best man among applicants for such preferment.

He closed his very eloquent address with an appeal to members to attend meetings regularly, to bring with them some item of interest for the general good, and especially to work for an increase in membership.

Following this address came the regular program of the evening. It was as follows:

"The Three Sisters of the Solanaceæ," Dr. F. W. Somers. Discussion opened by Dr. Ira B. Gordon. "A Clinical Case," Dr. Denver Patterson. Remarks on same, Dr. T. H. George.

The papers were very interesting, and elicited a profitable discussion. After the program had been

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completed the Board of Censors reported seven applications for membership Upon motion, those making application were elected to membership. Upon motion, adjourned. H.

UNION CLINICAL SOCIETY.

The Union Clinical Society met with Dr. C. E. Hetherington, Piqua, on the evening of February 9th. Dr. Coffeen, the essayist, discussed diagnostic mistakes, aind reported four cases to illustrate some of the common errors. One case of diarrhœa, which was thought to be of tubercular origin, disappeared after a small vascular tumor was removed from the uterine cervix.

The second case was a lady with a nodule in the mammary gland, which had been diagnosed scirrhus by several physicians; removal advised and declined. Nerve exhaustion followed and a change in medical counsel made, but the presence of the nodule was concealed from the last physician. No improvement followed until the supposed neoplasm was discovered, and her fears calmed. Arsenicum iodide was exhibited, when the nodule disappeared, and with it the symptoms of nervous exhaustion.

The third was a babe treated for colic by both lay and professional talent, but without success. Circumcision allayed the trouble and brought quiet to the disturbed and clamorous household.

In the first case we had a transferred condition which disturbed a neighboring function. In the second case nerve waste from a concealed nodule and a guarded secret. In the third case an error in diagnosis. The essayist also described his method of relieving pain in the region of the gall bladder by manual manipulation. The paper was well discussed. A 10 o'clock lunch, a chat and a cigar closed a very enjoyable and profitable evening.

A. W. Reddish

AMERICAN INSTITUTE FOR DRUG PROVING.

A special meeting of the Trustees of the American Institute for Drug Proving was held at noon at the Hotel Manhattan, with Doctors Custis, Royal, Dewey, Sutherland and Mohr in attendance. Dr. Custis in the chair.

The Chairman presented a copy of bill introduced in the Senate and House of Representatives of the Congress of the United States for the incorporation of the American Institute for Drug Proving, and reported that steps were being taken to bring the matter to the attention of the practitioners of the homœopathic school, so that every legitimate means may be exerted to secure its passage by Congress.

The Treasurer, Dr. Mohr, reported on finances, and on motion of Dr. Sutherland, seconded by Dr. Dewey, he was authorized to invest the endowment funds of the Institute in reliable securities.

Dr. Sutherland presented a report on the rules regulating the proving of drugs under the auspices of the Institute. After several hours of animated discussion, the rules were adopted, and the Secretary was empowered to have the same printed along with all necessary blanks and record books for the use of provers.

Dr. Sutherland moved that the Secretary invite the faculties of all homœopathic colleges in the United States to make necessary arrangements for the proving of drugs under the auspices of the American Institute for Drug Proving. The cooperation to include the devotion of at least three (3) weeks by the eligible provers of the classes of the several colleges, the results of the provings to be presented to the International Congress of Homœopathists to be held in September, 1906, at Atlantic City, at which time each college will be duly credited with the work accomplished. Dr. Royal seconded the motion, and after discussion, it was unanimously adopted. Adjourned.

C. Mohr,
Secretary.

January 31, 1906.

A NEW YORK STATE PROVING.

An Open Letter.

The homœopathic physicians of Massachusetts have recently completed a valuable re-proving of Belladonna. It is proposed that New York State add its quota to Materia Medica by a drug proving for 1906.

The drug chosen will be a plant of which some clinical account is given in homœopathic literature, but of which no scientific proving has been made. The drug will be supplied in tincture 3d, 12th, 30th, 200th, 1000th.

Homœopathic physicians are requested to signify their willingness to prove the "unknown quantity" by sending a postal to the chairman of the Drug Proving Committee (Hom. Med. Society, County of New York) and Bureau of Materia Medica (Hom. Med. Society, State of New York), address below, when the drug will be forwarded. Any of the laity whom physicians may enlist in this work, and who will be under their observation during the use of the drug, will also be supplied (through the physician).

Before such proving a careful anamnesis should be recorded (all records should be kept on or transferred to legal cap, one side of the sheet only); six ounces (including sediment) of a 24 hours' urine (add gtt. x formalin) should be sent (with name, address, quantity in 24 hours, reaction when passed) to the official pathologist, Dr. P. D. Saylor, 133-137 West 47th street, New York City, for examination. The blood count (before and after the proving) will also be taken by the pathologist, Dr. Saylor, when it is possible, otherwise by the nearest physician with the apparatus, or disregarded if impossible to obtain.

Where it is possible, provers are requested to have examinations made by specialists in the various branches that the proving may be of greater value.

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It is desired that every practitioner enter, to some extent, into the proving. For example, a few doses

of the tincture or potency may be taken until some disturbance of cellular or functional equilibrium is noted—constipation, headache, insomnia, drowsiness, thirst, increased or lessened appetite, etc., etc. When the direction of this disturbance is thus indicated, the drug may be stopped if the individual does not care to continue its study, and in this way a mass of confirmatory and valuable evidence from many sources will accumulate.

Furthermore, the preliminary knowledge thus gained by the physician will lend additional interest in and appreciation of the full proving of the drug.

In these self-provings, sections 120-141 of the Organon should be consulted.

Physicians in other States than New York who would like to take part in the proving will be most welcome, will be supplied with the drug, and full credit will be given.

The proving will begin with each individual whenever he or she is ready, preferably before May 1st, that the results may be early tabulated for publication.

Fraternally,
P. W. Shedd, M. D.

113 West 71st St., New York City.

Chairman Drug Proving Committee, N. Y. County Society, Dr. G. DeWayne Hallett, Pres.

Chairman Materia Medica Bureau, N. Y. State Society, Dr. De Witt G. Wilcox, Pres.

Drug Proving Committee, P. W. Shedd, M. D., Chairman; L. M. Stanton, M. D., W. H. Dieffenbach, M. D., J. B. Garrison, M. D., Spencer Carleton, M D.

The Library.

BOOK REVIEWS.

The Ophthalmoscope and How to Use It.

By James Thorington, A. M., M. D., Philadelphia, Pa. P. Blakiston's Son & Co., 1906.

A fine little work for the student and general practitioner in which to obtain a working knowledge of the ophthalmoscope. It is finely printed and well illustrated. Refraction and how to refract is by the same author, who is a professor in the Philadelphia Polyclinic. This work contains seventy-three illustrations and twelve colored plates

The Signs of Internal Disease,

With a Brief Consideration of the Principal Symptoms Thereof. By Pearce Kintzing, B. S., M. D., Professor of Physical Diagnosis and Diseases of the Heart, Maryland Medical College; Physician to the Franklin Square Hospital, etc., Baltimore, Md. Standard octavo volume of 400 pages, with nearly 100 illustrations in the text, and 30 full-page plates, most of which are in colors. Bound in English silk, prepaid, $3.00; half morocco, $4.00. Chicago. Cleveland Press.

Dr. Kintzing's book marks a stage in the progress of book making. The scope of the work is confined to diagnosis, as the title indicates, and this only so far as concerns physical diagnosis. His classification is anatomical, taking first disease of the organs in the chest, then organs of the abdomen, then the blood. He includes a fifteen-page chapter on the Roentgen ray in diagnosis, showing full-page illustrations of the chest.

His chapter on the Blood is particularly fine, giving the methods of examination in such language as to meet the wants of the general practitioner, who cannot boast of a finished laboratory education. He takes up and fully explains all the modern methods of laboratory work in their proper connection with diseased conditions. His directions for microscopical analysis are exceptionally clear and easily understood.

Of great help in understanding the text are the exceptionally fine illustrations, many of them full page in size, and printed in three or four colors.

The work is one that will certainly appeal to the student of disease, and must be of immense practical help to the busy doctor who wants to know just what he is called upon to treat.

The Cleveland Press are to be congratulated on the appearance of the book. It is better finished than most of those recently published, and shows a generosity toward the author which is warranted by the quality of the contained material

Diseases of Children.

A Text-book for the use of Students and Practitioners of Medicine, by C. Sigmund Raue, M. D., Clinical Professor of Pædiatrics at Hahnemann College, Philadelphia, Pa.; Visiting Physician to the Children's Wards and Chief of the Children's Clinic, Hahnemann Hospital; Pædiatrist to the West Philadelphia Hospital Second edition. Revised and enlarged. 61 illustrations. 776 pages. Cloth, $5.00. Half morocco, $6.00. Philadelphia: Boericke & Tafel, 1906.

This is practically a new work on Diseases of Children, by Dr. Raue; the text of the first edition has for the most part given way to an entirely new one, and the field of pædiatrics in which many changes have been made brought to date.

The chapter on infant feeding is a new one, and also the chapter on diseases of the ear, nose and throat.

Together it forms the latest and best work on the subject in our school It has the charm of having good homœopathic therapeutics placed foremost in the treatment. It is well printed and bound, and we have always been proud of the works put out by these publishers.

Williams on Food.

Food and Diet in Health and Disease. A Manual for Practitioners of Medicine, Students, Nurses and the Lay Reader. By Robert F. Williams, Professor of Principles and Practice of Medicine in the

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Medical College of Virginia, Richmond. In one handsome 12mo volume of 392 pages. Cloth, net. $2.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

That there exists to-day a need for a convenient, practical book on foods and how they should be used, one that will give the facts concisely and clearly and without technicalities, is patent to every physician and every nurse, as well as to every family in which sickness has been an unwelcome visitor.

For practical use such a work may well omit all reference to the tedious scientific investigations by which chemists and physiologists have evolved the present day knowledge of diet. Results, facts and clear directions are what is wanted, and this is exactly what Dr. Williams's excellent work gives, in language so simple that a school boy could read it intelligently.

Doctors will wecome this book as one which they can recommend to their patients as a guide to the preparation and use of food in sickness and convalescence. For mothers the book will be especially valuable. Ignorance is always costly. This is particularly true in the feeding of growing children, in whom habitual errors of feeding frequently produce effects lasting through life as well as temporary illness.

Nurses and hospital superintendents will find an attractive feature of the work in the last section, where is given a great number of recipes for foods for sick patients and convalescents, with full directions for preparing and administering.

For convenience, the book is divided into two parts. In Part I. (Food in Health) the needs of the body for different kinds of food, and the manner in which they are utilized, are explained. The principles of cooking and detailed descriptions of the different articles of food in common use are given, with chapters on the proper nourishment of infants, children, adults and the aged.

Part II. (Food in Disease) deals with the variations from the normal diet which are necessitated by the more common diseases, and includes a section on the general methods to be observed in feeding the sick, as well as special directions for nourishment in the different diseases.

Dr. Williams has furnished a book which has been wanted and which is perfectly adapted to the needs of physicians, students, nurses and the laity. It is decidedly the best book of its kind that has so far appeared.

Koplik on Diseases of Children.

A Treatise on the Diseases of Infancy and Childhood. For Students and Physicians. By Henry Koplik, M. D., Pædiatrist to Mt. Sinai Hospital, Ex-President American Pædiatric Society, etc., New York. New (2d) edition. Revised and enlarged in text and illustrations. Octavo, 868 pages, 184 engravings and 33 plates. Cloth, $5.00; leather, $6.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

In its general plan the book represents an endeavor to reflect the best pædiatric knowledge of the world. The author has infused into this edition a somewhat larger proportion of his own experience, derived from the exclusive study of this subject for the past twenty years, and extending over an ambulatory and hospital practice covering 250,000 children. This personal element will be most apparent in the chapter on Infant Feeding, a subject of paramount importance often of great difficulty, and one in which recent advances have been striking. The author has given the methods employed by him in hospital and private practice. The clinical character of the work has been preserved throughout, as the author has adhered to his purpose of furnishing a practical guide and text-book serviceable alike for students and physicians. A number of new and characteristic engravings from original drawings have been added to the series in the first edition, and the text shows an increase of nearly 200 pages. In its first edition Dr. Koplik's work met with a warm welcome from practitioners, teachers and students, and a demand which has quickly exhausted it. The new edition will prove still more satisfactory.

History of Homœopathy and Its Institutions in America.

Edited by William Harvey King, M. D., LL. D., Dean of the New York Homœopathic Medical College and Hospital. The Lewis Publishing Co., New York and Chicago, 1905.

We have received a set of this notable work in four volumes. It is arranged as follows: Volume I deals with the history of the introduction of Homœopathy in the U. S. and in the various states, the entire volume being written by the careful and indefatigable historian of our school, Dr. Thomas L. Bradford, of Philadelphia. Volume II is devoted to a history of the periodical literature of the school and to the history of our colleges. Various authors have contributed thereto. Volume III. continues the history of the colleges and gives that of societies briefly—only one chapter devoted to the homœopathic societies of the U. S., and volume IV contains biographical sketches of a large number of homœopathic physicians throughout the country.

All the volumes are profusely illustrated, some of the illustrations are very good, others fair, the majority being bad. That there are many errors in the text, sins chiefly of omission rather than of commission, goes without saying in a work of such a magnitude.

However, there is assembled in these volumes a mass of valuable information in a shape easily accessible and found nowhere else that will increase in value as time goes on. That it is a complete or satisfactory history of Homœopathy in the United States will probably be questioned. But that it is a valuable work and the best we have cannot be gainsaid. The history of the colleges alone assembled in one work is something that will be exceedingly useful. The books are handsomely bound, and had the paper been better, had the illustrations been good, had it have been bound in two volumes instead of four, and above all, had the price been ten dollars instead of thirty, there could have been little or no fault found with it.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Subscription, Two Dollars Per Annum.

MARCH 1, 1906.

Editorial.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

Boston, February 15, 1906.

Editor Medical Century:

At a meeting of the Executive Committee of the American Institute of Homœopathy and the Special Committee on the International Homœopathic Congress held in New York, January 31st, and February 1st, it was decided to hold the Congress, beginning Monday the 10th of September, and ending Saturday the 15th. The Congress to be held in Atlantic City in accordance with the Institute's vote last June. It was also decided to open the Institute's session at three o'clock on Monday afternoon, September 10, and to hold the preliminary meeting of the Congress on the same afternoon at 4:30, to have the formal opening of the Congress on Monday evening, this meeting to be of a somewhat popular nature as is the case with the opening meetings of the Institute itself. The president of the Institute to have a conspicuous part in this meeting of the Congress. It was also decided to have the Institute's business sessions held daily from 9 to 10, to give the time from 10 to 1 o'clock daily to the Congress, and to ask the special societies to hold their sessions during the afternoons and evenings of the week, the Congress also to have afternoon and evening sesisons. It was decided to devote Tuesday to the discussion of the Principles and Propagandism of Homœopathy; Wednesday, to the study of Materia Medica (drug pathogenesy, provings, etc.); Thursday, to Clinical Medicine; Friday, to Pædiatrics and Sanitary Science; Saturday to be used for adjourned meetings and concluding exercises.

Dr. A. W. Baily, of Atlantic City, representing the local committee of arrangements, attended the meeting, and promised to give ample accommodations for all the various committees, societies and Congress meetings as well as to furnish ample accommodations for all guests.

The outlook is exceedingly bright for an enthusiastic and successful Congress. I do not know that it is anybody's special duty to inform you of these facts, but it seems to me that all our journals should be kept informed of the plans that are being made in order that the widest publicity for these plans may be obtained, and in order that a widespread interest in the Congress may be roused. I hope you will find it convenient to make such editorial use of these facts as seems to you expedient.

Very truly yours,

J. P. Sutherland, M. D.

FIRST CALL FOR THE INTERNATIONAL CONGRESS.

While it is still a long time before the International Homœopathic Congress is to convene, the Medical Century feels warranted in giving a few hints as to the good things which the host, the American Institute of Homœopathy, is preparing for the entertainment of its guests.

As is well known, the meeting for 1906 was arranged for September in order to accommodate those whom we might expect from foreign countries, to whom June would be a most inconvenient period of the year. At a joint meeting of the Executive Committee of the Institute and the Committee on International Congess, held at New York on the 31st of January, at which was present, also, a representative of the Local Committee of Arrangements, details of the meeting were taken up.

The place of meeting having been decided upon by the Institute as Atlantic City, the date September 10th was chosen as the opening day. The meeting is to last the entire week, closing on Saturday, the 16th. The programme in detail, as herewith presented, provides better than ever before for the manifold needs of the Institute, the Congress and the allied societies.

The Institute holds its opening session beginning at three o'clock Monday afternoon, the 10th. The session is to be devoted to business, as has been customary, and President Greene will present his address. At five o'clock Dr. John B. Sutherland, as Secretary of the Committee on International Congress, will temporarily assume charge, making necessary announcements concerning the Congress. Officers of the Congress will then be elected and a working organization effected.

When adjournment occurs, it will be until 8 o'clock, at which time the Chairman of the Local Committee will present the Mayor of Atlantic City, who will welcome the Congress on behalf of his city. President Green will then welcome the Congress on behalf of the Institute, his address also taking up the progress Homœopathy has made in the United States during the past five years. A response will then be made by the President of the Congress, who will then take charge of the meet-

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ing, presenting the speakers of the evening. These will be the visitors from foreign countries whose addresses will relate to the status of our school in their respective countries. These addresses are to be of a popular nature, such as will interest the laity as well as the profession. Following the addresses is to come a reception by the officers, former presidents and others, this in turn being succeeded by a ball, for which the Local Committee of Arrangements is to be responsible.

The Institute will hold its business sessions, as in former years, each morning from 9 to 10 o'clock. At the latter hour each morning the Congress is to be given charge. On Tuesday such papers as relate directly to Homœopathy will be read by the foreign members, this being practically the report of the Bureau of Homœopathy. On Wednesday, Materia Medica will hold forth, the same arrangement being followed. On Thursday, Clinical Medicine will be presented. On Friday, Pædology and Sanitary Science are scheduled. All these sessions will close at 1 o'clock, to reconvene at 2:30, for a continuance of their deliberations. Each afternoon session will last until 6 o'clock.

The work of the sectional societies is scheduled for the afternoons and evenings. Physical Therapeutics and Obstetrics come on Tuesday, Surgical and Gynæcological and Obstetrics on Wednesday, and Physical Therapeutics and Surgical and Gynæcological on Thursday. Tuesday evening is to be devoted to the memorial services. Wednesday and Thursday evenings are to be taken up with adjourned meetings of such bureaus and sectional societies as have not been given sufficient time to complete their work earlier in the day.

The Local Committee have been given exclusive right to monopolize Friday evening. What they are going to do with it we do not know, but we do know those Atlantic City fellows, and you may be sure that there is going to be "something doing" that night in the city by the sea.

The schedule of assignments has been so made as to leave about twenty-two hours available for the work of the O., O. and L. Society without coming in contact with the work of the Congress, and President Garrison will soon make an announcement of his plans for his meetings.

It is difficult to see how much more of a scientific feast could be crowded into six days. The chairmen of the different bureaus and societies are reporting that their arrangements are already well under way. It is the intention of Chairman McClelland, of the International Committee, to refer to the sectional societies appropriate papers offered by our foreign members. These should be rather numerous, and will undoubtedly enrich the programs of our allied societies. So much for the program.

After the New York meeting of the Executive Committee, President Green requested Dr. W. A. Dewey, First Vice-President of the Institute, to visit Atlantic City and report as to plans and prospects for the meeting. This Dr. Dewey did, and his report to the President shows that the Local Committee have the situation well in hand. He reports that the date of the meeting is a most auspicious one, as many of the summer visitors will have gone and the hotels will be in splendid position to accommodate the Institute and guests. It will insure the best care and most liberal terms. As no one hotel can accommodate all, it has been decided to have no official headquarters in a hotel. These will be at some central point where may be found the offices of the Treasurer, Secretary, Registrar and information clerk. The Local Committee have already arranged with the hotel association for a liberal tariff, and it will be possible to obtain accommodations at almost any rate.

Arrangements are being made for a place of meeting where all bureaus, committees, sectional societies and other bodies may be accommodated with necessary and desirable space for their meetings. The Local Committee are arranging especially that these rooms shall be inaccessible, quiet places, free from all annoyances. The exhibitors are to have a place by themselves apart from the meeting places and yet readily accessible.

All that remains is for each member of the Institute to "set his house in order" and arrange to attend the meeting. It can be stated with confidence that the attendance will be immense. Everybody is going, and no reader of the Medical Century can afford to stay away. You want to have something to say about a lot of things which are to be done. And the time to say these things is *at the meeting*, and not after those present have acted on their best judgment in legislating. So make up your mind early to go to the meeting, and *don't change your mind.*

The Medical Century, by reason of its larg circulation in foreign countries, feels waranted in charging itself with a special message to its readers across the great water. The Institute extends a most hearty and brotherly invitation to all friends and physicians of Homœopathy in foreign lands to become its guests. Another such opportunity is not to occur for at least ten, perhaps, fifteen years, and that's a long time to wait to enjoy a good thing. Special arrangements are to be made for your comfort and pleasures. Your accommodations are to be nearly as good as you can have in your own homes, and you are to feel and act just as if the whole land is yours to do with as you wish. Your home customs of living, eating and drinking need not be changed. In fact, you will be made to feel that you are really and truly *at home*. So when you place your holiday for the summer see to it that it will include the week of September 10th to 16th at Atlantic City.

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The Medical Century is to have a special head-

quarters where you will at all times be welcome to rest, and read, and write, and smoke, and, perhaps, something else. We want you to use us, we are at your service daily and hourly. Write to us for your rooms, tell us how many are coming, what rooms you want, how much you want to pay, and we will make all arrangements for you. Write to our New York office, No. 9 East 42d street, and we will at once attend to your wishes and needs. As an international homœopathic journal we feel peculiarly fitted to assist in the entertainment of the guests of an International Homœopathic Congress. Hence our time, our energies, our facilities and our good will are yours to command.

EDITORIAL BREVITIES.

A Homœopathic Work on Practice.

The editor of the Chironian shows pertinently that there is the need of a good work on the practice of medicine in our school, and that not only applies to the rubric of treatment, but to the entire practice. We believe that this is so. It has seemed to be the usual course when writing works on practice to accept as final all that has appeared in the most recent old school works, add thereto the homœopathic treatment, and that sometimes "so lamely and unfashionably" that our homœopathic dogs have the right to bark at it, and let it go at that. The etiology of disease should be presented with reference to the homœopathic aspect; there are many causes and conditions valuable to us that are ignored by the allopathic school; for instance, in what work of that school is the influence of the various diseases on the mind studied? The symptomatology of disease could be well extended and interpreted. With us symptomatology and course of disease means more than the mere arriving at a diagnosis to say nothing of its probable modification by early homœopathic treatment. The diagnosis of disease is facilitated by the knowledge the Homœopath possesses, as nothing contributes more to diagnosis than a thorough knowledge and interpretation of the symptomatology. The prognosis and mortality are certain to be different. We are given too much to presuming that allopathic works are perfect in these respects, to looking upon the writers as authorities. While they may be authorities for the allopathic school, they cannot justly be considered as such for our school, and we believe with the editor of the Chironian that the ideal practice of medicine for the homœopathic school will have to be rewritten from cover to cover without reference to any authorities, and when such is written it will be the authority of the school and one to which we may point the finger of pride.

Medical Graft in New York.

It costs candidates who apply for a license to practice in New York State twenty-five dollars. Once this license is procured, practice even then is refused until the victim registers it in the county clerk's office as he would a deed. Then he may practice in that county only. If he removes to another country or if he lives at the intersection of three or four counties, he must register in each. There are sixty or more counties in New York State, and to practice in all of them costs in fees simply for the registration of the license some $30 or more. This added to the twenty-five already collected for a useless license makes quite a burden on the candidate who might want at least to feel that he was entitled to practice in New York. This is protecting the people.

On the other hand the commercial traveller from Detroit or St. Louis can travel through every burg and borough of the Empire State and sell Piso's Cure for Consumption, Radway's Ready Relief and Lydia Pinkham's soporific compounds by the gross without cost or hindrance. The Van Dyke-bearded representatives of propriety medicine concerns can likewise travel throughout the State and tell each physician what to prescribe and how to do it, furnish samples enough to run the practice of many for a month, or until his next visit, and no license fee is collected or registration required. This, too, is protecting the people. Verily, the people of New York are well protected, and the Board of Regents reminds us of the inhabitants of that country visited by Gulliver whose necks were elongated and twisted from the habit of looking at exalted objects, high and mighty ideals.

The Unanimous Club Dinner.

Between fifty and sixty of the literati and savanti of the homœopathic profession of the United States were gathered together as members and guests of the well known and hospitable Unanimous Club of New York City on the evening of Jan. 31, around its inimitable banquet table. Taking advantage of the presence in this city of the members of the Executive Committee, the Drug Proving Trustees of the American Institute of Homœopathy, and of the Committee on the International Homœopathic Congress which met on that day, the members of the club arranged their annual meeting and banquet so as to meet and entertain the various visitors, and held the same both to accommodate the members and on account of its superexcellence in the Manhattan Hotel.

The States of New York, New Jersey, Pennsylvania, Massachusetts, Connecticut, Ohio, Illinois, Iowa, Michigan, Maryland, the District of Columbia, and last but not least the great State of Arkansas, were represented. That the gathering was a notable one may be seen from the photograph presented in this issue of the Medical Century. In it will be found the high officials of Homœopathy in the United States, editors, authors, ex-presidents of the Institute, members of homœopathic examining boards, professors in a number of our homœopathic medical colleges noted specialists and general practitioners, and at least one high and mighty health official. It is the immemorial rule of this Club to invite its guests not only to give them

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the best of entertainment but to be entertained by them. It is but just to say that the entertainment furnished by the guests on this occasion far exceeded anything that was ever before presented to this Club, it being received with such enthusiasm that even some of its own members, carried away by their emotions, impressed by the success attained by the guests, and fearful that their own prowess was in a fair way to be ever eclipsed, begged the toastmaster to give them a hearing, and he, "good, easy man," permitted it in one or two occasions, much to the satisfaction of the guests, who were in all instances too modest to care for further triumphs.

It was suggested that this universal spontaneity and excellence on the part of the guests, was in each instance made in the hope that they might receive an invitation to all the banquets that might be hereafter given by the Unanimous Club, it being their unanimous verdict that there could be no greater joy than this.

The toastmaster of the occasion was Dr. Commissioner E. H. Porter, of New York. As it was not his first attempt in this role, he filled the requirements in a manner doubtless pleasing to the members, and the guests indulgently overlooked his shortcomings.

It was a great occasion, one of those which serves to cement interest and promote professional good will, and we believe we cannot have too many gatherings of the kind.

New Members for the Institute.

While arranging other matters for the Congress and the Institute meeting, we must not lose sight of the absolute necessity that a large number of new members must be had. And, too, that the men of Atlantic are but a handful as compared with those in the great cities. New York, Boston, Chicago, Cleveland and Philadelphia might not have much difficulty in rounding up a goodly number of applicants if the meeting was held in either city, but we cannot look to the Atlantic City men for this. They have enough on their shoulders. It must be done outside their city. Of course, the Institute Committee on New Members is at work, but that is not enough. We would suggest that the Philadelphia County Society might take the initiative. Atlantic City is not much more than a suburb of Philadelphia anyway. But whoever does it should DO IT NOW.

Loyalty to Duty.

It speaks well for the Institute that its officers and committees show such intense loyalty. That remark brought out by a review of the names of the men present at the meeting in January in New York of the Executive Committee and the Committee on International Congress and Drug Proving. They included President Green, of Arkansas: Vice-Presidents Dewey, of Ann Arbor, Mich., and Sawyer, of Marion, O.; Treasurer Smith, of New York; Registrar Horner, of Cleveland—all these are of the Executive Committee.

Of the Congress Committee were Chairman McClelland, of Pittsburg; Secretary Sutherland, of Boston; members, Biggar, of Cleveland, and Custis, of Wasington.

Of the Drug Proving Committee were Chairman Custis, of Washington, D. C.; Secretary Mohr, of Philadelphia; Drs. Royal, of Des Moines; Sutherland, of Boston, and Dewey, of Ann Arbor.

Others who attended out of their pure interest in the work were Editor Kraft, of Cleveland; Drs. Gurnee Fellows, of Chicago; A. W. Baily, of Atlantic City.

We congratulate the Institute on her sons' loyalty.

Editor's Table.

GENERAL NOTES.

A combined meeting of the Clinical Society and the Chicago Homœopathic Medical Society was held in Chicago on February 15th The special features were Dr. W. Henry Wilson's stereopticon symposium on Pulmonary Tubersulosis, and Dr. E. Stillman Bailey's showing tent colonies and outdoor forms of treatment.

The report of the British Homœopathic Congress held last September at Hastings under the presidency of Dr. Giles F. Goldsborough, forms a useful souvenir of that successful gathering. The papers and discussions are given in full, and the illustrations of the officers and attending physicians are in good taste. It forms a most interesting and instructive volume.

The travelling scholar of the British Homœopathic Association was sent last year to Vienna, where he found two homœopathic hospitals well filled with patients. Dr. Klauber, the physician who showed Dr. Hey (the aforesaid travelling scholar) about, complained of the fact that few if any of British or American doctors visited the hospital nowadays. That formerly numbers of them did so. As Dr. Klauber speaks English, our American confreres visiting Vienna, would give Homœopathy in a country where it is weak great encouragement by visiting the hospitals where they would be received and welcomed. Many valuable statistics have been furnished for Homœopathy from the Vienna hospital.

Drs. A. E. Hawkes, Blackley, Madden and Neatby form the English Committee on the International Homœopathic Congress to be held at Atlantic City next September.

A bill has been introduced into the New York Legislature for the repeal of the compulsory vaccination law in this State. We hope this bill will become a law, if, only for the reason that it is as unjustifiable to create a state medicine as a state religion. As it stands on the books at present it is a precedent for the forcing down the throats of the people by law any medicine or bolus that the legislature may select. The question of vaccination may be as safely left to the family physician as the treatment of typhoid fever or diphtheria.

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The Metropolitan Hospital of the City of New York has now nearly 1,200 beds, and presents an unrivalled opportunity for the practical study of disease in every form. Surgery, gynæcology, genito-urinary diseases, neurology, dermatology, physical diagnosis and general medicine and homœopathic therapeutics, as well as obstetrics and diseases of children comprise the lines of experience gained by the internes of this institution.

Competitive examinations for the twelve services of eighteen months each, commencing June 1st and December 1st, 1906, will be conducted at the hospital, May 11th, 1906.

These examinations are open to all graduates in medicine, and application should be addressed to Edward P. Swift, Chairman, Examining Committee, No. 170 West 88th street, New York City, N. Y.

Dr. William Boericke, of San Francisco, writes us from Germany of his wanderings among medical and homœopathic circles. We hope to present soon a letter from him to our readers.

Dr. George A. Mellies, of St. Louis, has been added to the management of the Clinical Reporter, succeeding Dr. W. W. Gilbert.

The Pacific Coast Journal of Homœopathy has reduced its size somewhat, which greatly improves the appearance of this periodical.

The Hahnemann Medical College of Philadelphia will hold a post-graduate course commencing May 7th and lasting to May 26th, to consist of clinical laboratory and special work.

Dr. Wilson A. Smith, former editor of the Medical Visitor, has associated himself with Mr. John B. Delbridge in the homœopathic pharmacy business at 63 Washington street, Chicago. The firm name is now the Delbridge-Smith Co.

Dr. Llewella M. Merrow, 1904. Homœopathic Medical Department University of Michigan, is house physician at Galen Hall, Atlantic City, N. J.

Brother Mastin, of the Critique, has the conviction that the Medical Century sometimes looks over its spectacles. It has done so. As its vision is better for distances over them than through them, it has noted with gratification the crusade our Denver contemporary is making for better Homœopathy. We may have something to say about the exhibits displayed when they are all in. We are slow moving down here where the air is thick.

The Denver Homœopathic Hospital is now called the Park Avenue Hospital, which to us means less.

The Cincinnati Homœopathic Lyceum at its March meeting to be held on the 14th will hear papers presented by Dr. C. D. Crank, Dr. C. A. Pauly and Dr. R. G. Reed. These will be discussed by Drs. Ella G. Hunt, J. H. Davis and H. H. Wiggers.

A tuberculosis sanatorium bill is before the Kentucky Legislature. Dr. Orrin L. Smith, of Lexington, if is author.

The Kentucky State Homœopathic Medical Society meets in Lexington, May 16th and 17th. Dr. W. P. Roberts, of Greendale, has the medical part in charge, and Dr. George S. Coon, of Louisville, the surgical. Lexington is a fine city to meet in, and it is expected that a good attendance will be had.

We have a continuous stream of calls for homœopathic physicians pass through our office. Locations are to be had from Maine to California, and good ones, too. We are not half supplying the demand, and it is up to the physicians of our school to keep an eye out for bright young men who are starting in life, and direct their attention to this demand. We know of no other occupation of profession that promises to well.

Dr. C. F. Swift, of Marcellus, N. Y., has been appointed health officer of that town. He reports prosperity, and believes there are plenty of fine openings for homœopathic physicians.

The Homœopathic Society of Southeastern Michigan was organized on February 6th in Grace Hospital, and was well attended by physicians of Detroit, Wayne and adjoining counties. Dr. E. J. Kendall, of Detroit, was elected president, and Dr. Fred. E. Thompson secretary. The morning session of the work was given over to clinics in Grace Hospital, and operations were performed by Drs. S. H. Knight, F. E. Thompson, D. A. MacLachlan and others. The origination of this society was in pursuance of the resolution adopted at the last meeting of the State Society, to the effect that district societies be established throughout the State to secure a better organization in our ranks. The Southeastern will meet semi-anually.

La Semaine Medicale Chronicles in its issue of January 24, 1906, the successful use of Terebinth in post-scarlatinal nephritis as recommended in a Russian medical journal. It is recommended in small doses. Next!

A "Humanized Condensed Milk Co." exists in London, which furnishes a condensed milk which can be instantly changed into a mixture of the exact proportions of human milk.

We note very favorable reviews of a novel by Asa Fadel Hall, M. D., who graduated a few years ago from the Cleveland Homœopathic Medical College. Dr. Hall's novel is entitled "Stanton White," and deals with the conditions in the "New South," particularly the all-absorbing race problem. His argument is frankly in behalf of the negro race, and is, in fact, an answer to the bitter attacks on the negro race by the Rev. Thomas Dixon. Dr. Hall speaks from the standpoint of a man who has lived among these people, and his desire is that a new South may arise from the ashes of the old, a South which may realize the fondest hopes of those who are working for the moral, mental and physical uplifting of this down-trodden race.

Dr. Hall is to be congratulated on the inherent strength of his work, and the fact that leading negro educators are fully endorsing the sentiments expressed by him.

The annual meeting of the Cleveland Homœopathic Hospital was held February 12, 1906. The report of the superintendent shows a successful year. More than 3,400 patients were treated; about 1,400 of these being out-patients. Of those treated in the hospital about one-half were charity. The

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death rate, excluding moribund cases, was about two per cent Financially, the year was successful, the receipts exceeding the expenditures by about two thousand dollars The board of trustees elected the staff of last year, and in addition appointed Dr. Herbert L. Davis to the vacancy occasioned by the death of Dr. R. J. Clemmer, and Dr. H. L. Taylor to the genito-urinary department.

The purchase of a lot for a new hospital was authorized. This lot is near the Rockefeller Boulevard, a most delightful situation, and covers about 16,000 square feet. The purchase price is $35 000, a sum already guaranteed by three or four of the trustees. It is proposed to erect buildings to cost about a quarter of a million of dollars. They will be of the best construction and full furnished with the best possible equipment.

Northern Ohio has sustained a real loss in the death of Dr. R. B. Carter, of Akron, Ohio. Dr. Carter died December 23d, of a condition arising from auto-infection He had not been ill very long, so that his death was a surprise to most of his friends. He was a graduate of the Cleveland Homœopathic Medical College, class of '83, and during his professional life had made a host of friends. He was ahearty, jovial, good-natured man, whose presence was always welcome at society meetings. Of these he was a most regular attendant, and presented many valuable contributions to the programs. We shall miss him. Dr. Carter leaves a widow. His brother, Dr. John T. Carter, is practicing in Cleveland.

The program for the February meeting of the Cleveland Homœopathic Medical Society provides for a discussion of "Diphteria." The assignments are as follows:

Dr. J. M. Danforth, Bacteriology and Pathology.

Dr. L. E. Siemon, Diagnosis.

Dr. A. E. Ibershoff, Laryngeal Diphtheria and Tracheotomy.

Dr. G. H. Quay, Antitoxin.

Dr. G. W. Gurnee, Complications and Sequelæ.

Dr. H. H. Baxter, Homœopathic Treatment.

Dr. G. D. Cameron, General Accessory Treatment.

This ought to bring out a crowded house and spirited discussions.

The Practitioners' Course in the Homœopathic Department of the University of Michigan opens April 2d. Prof. E. H. Pratt, of Chicago, will hold a surgical and gynæcological clinic, and Prof. Gains J. Jones, of Cleveland Homœopathic Medical College, will give lectures on pneumonia and hold a medical clinic.

It will pay our readers to follow the articles now beginning in the Medical Century on Practical Laboratory Diagnosis, by Dr. Gregg Custis Birdsall, of Washington, D. C. They are intended to give easy and practical methods in the various examinations necessary for diagnosis. We have often received calls therefor from readers, and we are glad to be able to supply the want.

The "Annals of Peru" is the title of a poem by Dr. T. P. Wilson, which recently appeared in the weekly periodical of that town. Dr. Wilson was born in Peru about seventy-six years ago.

WASHINGTON NOTES.

BY HOMER I. SILVERS, M. D., WASHINGTON, D. C.

On Wednesday, January 31st, Doctors Wm. R. King, L. B. Swormstedt, J. B. Gregg Custis, of Washington, and Dr. Chas. Goodell, of Frederick, Md., made a trip to New York to attend the dinner of the Unanimous Club.

Dr. Jno. R. Sharp has been confined to his house by a slight illness.

Dr. W. R. Andrews, who recently moved to Clarksburg, W. Va., has now located in Manningtón, W. Va.

There is a good opening for a homœopathic physician in Easton, Md., a town of 3,000, there now being no Homœopathy in that place, the only Homœopath having recently moved to Baltimore, Md.

Dr. A. H. Taylor, after a tedious illness and protracted convalescence, is back at work.

The Homœopathic Hospital of this city has recently dedicated a new building, modern and up-to-date in every respect.

The operating suite is as thoroughly equipped as any hospital in this city, and the private rooms handsomely furnished; a number of rooms were furnished by friends of the hospital.

Dr. Ralph Jenkins, president of the Board of Trustees, conducted the dedication exercises, and Dr. Wm. Rufus King spoke for the staff and medical fraternity, accepting the use of the building on their behalf.

Following the dedication a reception was held, giving the numerous friends and patrons an opportunity to inspect the new structure.

The opening of the new building means an increase in the nursing staff of the institution, and the opportunity of residing at the National Capital during training is an advantage not given every pupil nurse to enjoy.

On Tuesday evening, February 6th, the monthly meeting of the Washington Homœopathic Medical Society was held at the Hotel Shoreham.

Dr. J. B. Gregg Custis, who was elected to succeed himself, made his inaugural address, and in part, said:

He thanked the Society for their co-operation in making the year 1905 such a successful one, hoping that a spirit of unity would prevail so that the Society would be as a solid body to carry on its work, the furtherance of Homœopathy and its principles.

The Institute for Drug Proving was aptly referred to as the infant of our school, and that it should be brought forth now, marking a stone in our progress.

Dr. Custis emphasized the need of enthusiasm, concentrated endeavor and hard work, that we may be in a position to assert our rights and principles when the question of union of the two schools does actually arrive.

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The Hippocratic oath and Code of Ethics were spoken of with reference to their application in everyday life of the physician.

Dr. Julia Green read a paper, "The Therapeutics of Nausea and Ptyalism of Pregnancy." The paper was a comprehensive study of drugs indicated most in these distressing disorders, also giving a resume of the selections by Hering, Guernsey and Kent.

Dr. A. K. P. Harvey spoke briefly of the etiology of phlegmasia alba dolens, with variety of infectious and the paths these infections usually take to produce the phlebitis.

There is an effort being made in the District of Columbia to have a law passed compelling the registration of all consumptives and free examination of sputum, the reports to be kept private and the board of health neither to assume supervision of the case nor send an inspector if the physician in charge takes the entire responsibility.

OBITUARY.

Dr. Isaac Cooper.

Of Trenton, New Jersey, died at his home last month. Dr. Cooper was for a number of years secretary of the New Jersey Homœopathic Medical Society. He graduated from Hahnemann Medical College of Philadelphia in 1868.

Dr. R. B. Carter.

Of Akron, Ohio, died December 23, 1905. He was an alumnus of the Cleveland Homœopathic College, class of 1884, and a most lovable gentleman.

Dr. John Hancock.

Philadelphia. Age 54. Hahnemann Medical College, Philadelphia, 1878.

Dr. J. B. Young.

Of Clinton, Iowa, died January 24, 1906, of acute yellow atrophy of the liver, at the ripe age of 82 years. He was about the last of the living patients treated by Samuel Hahnemann in Paris just before his death.

Mr. Young when 16 years old was stricken with pulmonary tuberculosis in Scotland, and hearing of this great physician's remarkable cures journeyed to Paris, after all the other physicians, including the Queen's, had given him up. He lived in Hahnemann's house three months, and was completely cured, never having had a sypmtom of that dread disease since. He has been a remarkably healthy man, never taking any medicine but in hich potency. I have the honor of having been his physician six years.

Mr. Young attended the American Institute of Homœopathy at Chicago last year, and spoke at one of the meetings.

I hope this sad item may appear in your next issue to inform many homœopathic physicians of his death.

Sincerely,

W. B. Ryder,
Clinton, Ia.

Dr. J. B. Mann,

Formerly of Louisville, Ky., died last month. Dr. Mann was an alumnus of Hahnemann Medical College of Chicago, class of '84, and was for many years professor of ophthalmology in the Southwestern Homœopathic College. The following resolutions were passed by the college faculty February 8, 1906:

Whereas, By Divine decree our colleague, Prof. J. E. Mann, has been removed from the scene of his earthly labors to a higher sphere of usefulness; and,

Whereas, In his loss we mourn a beloved companion and a valuable teacher; therefore, be it

Resolved, That members of the Faculty of the Southwestern Homœopathic Medical College are hereby assembled for the purpose of expressing their sense of irreparable loss and to extend to his faithful wife and children their deepest sympathy; also, be it

Resolved, That a copy of these resolutions be spread upon the records of this body, and that a copy of the same be sent to his widow and another to the Medical Century.

Signed.

J. T. Bryan,
A. Leight Monroe,
Committee.

Dr. George A. Tower,

Watertown, Mass., died on February 3d. Boston University School of Medicine, 1877.

Dr. Caroline A. Risdon,

Oakland, Cal., died February 1st. Hahnemann Medical College, Chicago, 1884.

Dr. George A. Gordon,

Chillicothe, Mo., died on January 31st. Cleveland Homœopathic Hospital College, 1870.

Dr. J. G. Grosscup,

Of Reading, Pa., died January 31st. Hahnemann Medical College, Philadelphia, 1873.

Dr. R. L. Kendall,

Of Aurora, Ill., died January 1st. He was a graduate of Hahnemann College of Chicago, class of '97.

For Sale.

Practice established ten years, on good transfer corner, South Side, Chicago. I'm going West, and will sell for value of office furniture and automobile. Automobile is enclosed. Will sell separate

Matthew Evertz,
Jackson Park Station, Chicago.

Salt and Its Relation to Hysteria.

Vincent (Munchener Med. Wochenschrift, 33) reports that when hysterical cases had an addition to their dietary of 12-15 grammes of salt per diem that the seizures increase in number and intensity. During latency of hysteria, common salt seems to be able to produce apparent hysterical attacks. When salt was excluded from the dietary, gastric symptoms improved and the attacks ceased.—N. A. J. Hom.

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THE INFINITESIMAL DOSE.*

ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICH.

The mind of man is so constructed that the experiences of one individual mean little to another. Likewise, the lessons of one generation are of small importance to the next. Questions involving personal opinion are rarely permanently settled. Perhaps it is an evidence of the beneficence of the Creator that He gave to humanity some problems which must be solved by every man for himself. By the use of the reasoning powers every individual has the same opportunities for mental growth and culture which were offered his progenitors. Thus the race can never deteriorate for lack of mental exercise.

I have sometimes wondered if Providence endowed Homœopathy with the potency question in order that the practical features of our system of medicine might remain a never-ended subject of discussion. Undoubtedly, this problem, in some measure at least, has kept alive the flame of enthusiasm, certainly its consideration has rendered spectacular many a meeting of the profession which otherwise might have been quite commonplace. There are things about potency and potencies, however, which it is more than surprising have not long since been settled, and taken from the controversial field. I shall make bold to refer to some of these, and, in order that there may be no chance of misunderstanding my position regarding all divisions of the homœopathic profession, I may be permitted perhaps, to first declare my personal conviction regarding homœopathic practice. What one unimportant member of a great profession may or may not believe, is usually a matter of small consequence, but when he presumes to pose as critic he should at least proclaim his loyalty to the essentials of the practice. I believe that every man who prescribes medicine for the cure of disease, selecting the remedy in accordance with the theory of similars, is a Homœopath. Whether he prescribe this remedy high or low, prepared by the decimal or the centesimal scale, in dilution or trituration, potentized by the Hahnemannian or by the fluxion method, I say, in all sincerity, that in my opinon the processes of the disease, whatever may be its name, will be more or less modified by the prescription. While I have individual preference for what are commonly called the lower potencies, with present knowledge I believe the high dilutionists, as I have met them, are curing at least as many patients, possibly more, than are we of the so-called cruder practice. My creed, you must see, is as broad as John Wesley's; of this profession, I say with him, "All men are my brethren."

The High Potencies.

There is one stern fact, however, that must be faced by every Homœopath, and one that, like Banquo's ghost, will ever rise to torment the practitioner of this system: How can we explain the action of the C. M., the D. M. and the M. M. potencies? We may say it isn't necessary to explain their action; it is in harmony with the laws of nature; is a fact based on experience, etc., etc. But when this question arises, whatever may be our individual faith, the fact is it hurts to have the old school doctor, the homœopathic medical student, or the inquisitive patient, politely change the subject, or impolitely sneer, if nothing worse.

In view of the good results of homœopathic practice by our brethern who use the high potencies, most of us are content to pass over the whole problem, with no attempt to solve the mystery. But knowing the facts, why should we silently endure the abuse which has been heaped on Homœopathy because of statements of cures made by remedies in alleged potencies, potencies which never have existed and which in all probability never will be made?

I realize that the question just propounded has fallen on ears, to shock some by the thought that another heretic has arisen, or that a lunatic has escaped from a Michigan asylum. But, my friends, unless I am misinformed, I am here to say that the so-called low dilutionist who occasionally ventures as far as the 30th, probably goes farther up the

*This paper was prepared by request of the Homœopathic Medical Society of the State of New York. After its presentation, on February 13, 1906, at the Albany meeting, the following resolution was adopted:

"Resolved, That this Society requests Dr. R. S. Copeland, of Ann Arbor, Mich., to present to the World's Congress of Homœopathic Physicians, at Atlantic City, New Jersey, in September, 1906, the question for the urgent need for a revision and unification of the nomenclature of our attenuations and that the Secretary of the Society be instructed to formally present to Doctor Copeland the wish of this Society."—Editor.

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scale of dilution than does the "purist" who prescribes an M. M. machine-made dilution, which has long since been shown to be nothing more than the tenth centesimal.

These statements are made with no thought of the sensational and with perfect knowledge that preceding generations of our profession discussed the same problem. Unfortunately, most of their discussions are bound in journalistic literature and lost in college libraries. Many of the older listeners here to-day, men and women of the great Empire State, will remember the acrimonious debates of Swan and Fincke, and Deschere and Burdick and Allen, of Skinner, of Wesselhœft, of Gross and Stapf and Bœnninghausen, of Jones and Breyfogle, of Sherman and Dake and Bacmeister. Most of these old heroes, I am sad to say, have gone where the potency of righteousness alone availeth. Sadder still is the thought that the discussions of long ago did not suffice to unite the wings of a divided profession into an invincible army, under an insignia so evident as to obliterate the scoffings of an incredulous enemy.

The Origin of the High Potencies.

In order that the younger members of the profession may understand exactly the situation as regards the alleged M., C. M. and M. M. potencies, I must, at the risk of boring some of the older practitioners, give a brief historical sketch of the departures from the practice of Hahnemann. While not literally true, perhaps, it is essentially so,. that the founder of our system never prescribed higher than the potency he called X, now known as the 30th centesimal. His practice varied, from year to year, from the crude drug to the 30th, and back again to potencies under the 6th. His latest advice, probably, was in favor of the 30th.

Count von Korsakoff, as you know, was the father of high potencies. This enthusiastic disciple of Hahnemann was so confident of the medicinal power of drugs, that he proposed to medicate sugar pellets by shaking a thousand or more for five minutes with a single globule medicated with a high dilution. Then came Jenichen, a layman, of whose methods we are somewhat in doubt, but who apparently was imbued with the dynamization idea to the extent that he believed succussion without dilution to be sufficient. Herr Jenichen, starting with any dilution, reckoned the potencies by the number of shakes he gave the bottle. Encouraged by Hering, Gross, Stapf, Bœnninghausen and others, he continued the shaking process until he reached the 60,000th. The ardor of his enthusiasm and the endurance of his spelndid physique were such that he was able to devote five hours a day to this labor. Dudgeon estimates that "each succussion occupied a second of time, and that by working five hours continuously without stopping for an instant to potentize one single medicine up to the 60,000th potency would take him nearly five weeks of hard labor."

With the death of Jenichen it is presumed this method lost its chief exponent. However, the large heritage of medicated pellets left his heirs has been disposed of to somebody, because to-day the highest Jenichen potency to be purchased is the 6,000th

The Fluxion Potencies.

The demand for high potencies, especially by the American profession, had become established. To supply it we find next the invention of various machines, chiefly the Swan, Skinner and Fincke devices, by which "fluxion," "bottle washing," or "tin cup" potencies were made. While each has its separate mechanical device, all three of these methods are essentially the same. A description of one necessarily covers all the important features of the other two.

The method of Dr. Swan, as described by a contemporary, was as follows: He used a potentizing bottle, three inches high, with a bore of three-quarters of an inch, and a capacity of about four hundred minims. Into this bottle he put one minim of the drug to be potentized, inserted into the bottle, nearly to the bottom, a small tube finely perforated, for nearly two inches of the lower portion; this tube was connected with a water meter registering cubic inches. For each cubic inch of water running through the meter into the bottle, he counted three potencies, up to his 1 M. One hundred cubic inches gave the 300th potency of his notation, and three hundred and thirty-three and one-third cubic inches produced his 1 M. (1000). One minim of his so-called 1 M. was put into the potentizing bottle, and 333 1-3 cubic inches of water run through as before. This he called the millionth potency.

As Professor Burdick said thirty years ago: "It must be clear to any one that the same process which produced the 1 M. potency, from an initial drop of θ, again repeated with one minim of the 1 M., would raise the potency 1000 more of his notation, and only that, which would give the 2 M. instead of the M. M." Of course, Swan disputed this, but to no purpose, in my opinion.

The theory of the fluxion potency is that the addition of each charge of water displaces that in the bottle, leaving only enough of the diluted drug to medicate the freshly added water. As Deschere pointed out a quarter of a century ago, the bottle is in reality never emptied, and the theory of replacing a certain definite amount by constant overflow is hypothetical. As a matter of fact, potencies of the fifth made with eosin or other coloring matter, by the Hahnemannian method, show no more color than do the 10000th made by the Swan method. "Therefore, we have a right to say," says Deschere, "that Dr. Swan's millionth, which is reached by passing 666 2-3 cubic inches of water through a glass containing one drop of tincture, equals the 10th real centesimal potency."

By the Fincke process, described in the United States patent reports, the water flows under pressure from a pointed tube an inch above the medicine vial. The force employed produced a more intimate mixture, and the method is possibly somewhat superior to Swan's. At least, Deschere demonstrated that the Fincke potencies run a little higher, although entirely short of the true centesimal. The conclusion of these experiments, very convincing

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to me, quoting this eminent author, was as follows: "Our 30th and 200th are much higher than any of the fluxion high potencies, which cannot be correctly calculated as to their true attenuation, on account of the many points of error in their preparation. It is, therefore, in no way admissible to use for these, notations which placed them in the rank of centesimal potencies."

The fluxion potencies, I am informed, are the ones chiefly employed by the purists of our profession. If I have made myself understood, it is apparent that in the terms of the accepted notation, namely, the centesimal scale, these gentlemen are employing in practice potencies below the 30th, probably most of them under the 30th decimal. If this is true, and if it is a fact that our common Homœopathy is brought under ridicule by reason of a false notation, why cannot the stumbling block be removed by conforming to the accepted standard? Such have been the changes in scientific thought that the 30th centesimal can frighten no well informed individual, and a decent respect for common honesty should permit only such claims as are justified by the facts.

A Plea for the Accepted Notation.

This is delicate ground, and I desire not to be misunderstood. I am not here to question the honesty of such leaders in our ranks as J. T. Kent, H. C. Allen, William P. Wesselhœft, your own E. B. Nash and Edmund Carleton. Far be it from me to question the wonderful results of their superb knowledge of Materia Medica. Were I ill and this moment on a bed of sickness, sick unto death, I would rather have one of these splendid prescribers attend me than a whole faculty of the most famous practitioners of the dominant school. This is my sincere testimony to their professional skill. But, and I now appeal to these very men, dearly beloved brethren, the mere nomenclature of your potencies has driven from the homœopathic profession hundreds of bright young men and women, who have not remained long enough to observe the results of your practice, but have been antagonized by a notation so startling as to appeal only to the imagination. As a medical teacher, who has devoted almost his entire professional life to medical education, who has unswervingly supported every tenet of the homœopathic faith, who by precept and example has faithfully attempted in his small way to promote our common cause, let me beseech you to re-examine the facts, and, if possible, to revise, not your practice, which in my opinion is above criticism, but the notation employed in the records of your truly marvelous cures.

If I am wrong in my position, I apologize. If I am right, it is the duty of every so-called high potency prescriber to correct speech and written record, employing only the standard notation, and to exclude forever the Ms., the C. Ms., the D. Ms. and the M. Ms., the Ms. which have brought needless ridicule upon the grandest and truest, indeed, the only therapeutic system!

I make free to say, too, that if I had my every desire there would be but one way of preparing the homœopathic remedies. I believe in the one country, the one flag, the one standard of morality, the single monetary standard, and to make me entirely happy there would be but one notation for our potencies. Then, when Dr. Wilcox, of New York State, spoke to Dr. Ward, of California, about the 20th potency of Bryonia, Dr. Searson, of London, and Dr. Brasol, of St. Petersburg, over-hearing the conversation, would know exactly what strength of medicine was under discussion. This ideal condition of affairs is not now possible, and will not be until all Homœopaths meet on common ground, as I trust we may at the World's Congress about to be held. Let us put aside all our differences, brethren, and calmly face a situation which is more than sentimental. Upon its early settlement, in my opinion, depends much of our future growth.

Lack of knowledge of the facts involved in the potency question is responsible for more than has been indicated thus far in my argument. Many a weak-hearted, doubting Thomas, materialistic Homœopath has been turned from the faith, because of his absolute inability to grasp the idea of cure with the "millionth" potency. Had it been explained to him, when he heard the report of such a case, that this is the "millionth" of Swan or Skinner, really the tenth of the ordinary notation, instead of turning away in mental perplexity, if not disgust, he would have remained to hear more, to be made a better Homœopath, and to go home resolved to cure more of his suffering patients with the homœopathic remedy.

As a homœopathic educator, I know full well that this concession on the part of the high potency wing will result in an increased attendance at our colleges and better results from our teaching. Instead of spending hours and days defending Homœopathy, in attempts to explain its wonders, we will be teaching Materia Medica and showing results of homœopathic prescribing. Our consultation hours will not be devoted to explaining away the doubts of some freshman who has just heard of the M. M., and who cannot be made to see how such an infinitesimal dose can possibly avail.

The Power of the Infinitesimal. A Scientific Fact.

I have no sympathy with the homœopathic physician who is afraid of the attenuated drug or skeptical of its value. I am not here to defend such a one. Every laboratory in the world is teaching the power of the infinitesimal. The progress in physical chemistry has made it possible to explain the action of the infinitesimal dose in language understood by the scientist, even though he be unfamiliar with therapeutics. The present trend of scientific thought is confirmatory of every theory of the Homœopathist. In four important particulars the recent views have an important relation to our system.

The first of these is the cellular theory of disease. Writers of the dominant school now speak of disease as being dynamic, meaning that the disturbance is not functional in the old sense, but that the life processes of the cell itself have been changed. To thoroughly appreciate this adoption of a word so long familiar to the homœopathic profession, it must be noted that the current theories

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to-day measure all cell activity in chemical terms. The processes of metabolism in the laboratory of the cell are identical with the reactions instituted in the laboratory of the chemist. The natural corollary of this proposition is that remedies, to be useful in the treatment of a condition explainable in chemical terms, must be presented to the diseased cell in such form as to be acceptable to its chemical requirements.

The Single Remedy.

Secondly, in every branch of biological science it is an accepted fact that the living cell possesses an individualism, that it has the power of independence of action. In any consideration of pharmacology the importance of the so-called "selective affinity" of cells or "tissue proclivity" cannot be over-estimated. Hahnemann, perhaps, could not explain why the single remedy, for which he contended so vigorously, was the scientific prescription, but with present knowledge it is easily explainable. Chemical reactions are definite and positive. An unsatisfied equation cannot be completed by the addition of any wandering chemical, which by haphazard chance may come within reach. A remedy prescribed on "general principles,' by random and aimless methods, may, by accident, possess within itself such a chemical component as to permit it to join in unfortunate combination with the unsatisfied cellular elements. This unhappy marriage would probably rob the cell of needed sustenance by forcing upon it a lazy and unproductive spouse. It might prove so miserable an alliance as to result in violent domestic infelicity, with breakage of the furniture and even tearing down of the walls of the cell residence itself. More likely, however, such prescribing results in nothing more than damage to remote cells, cells having an affinity for the drug administered. The tissue originally diseased and clamoring for help is left without succor, and other tissues are destroyed or weakened by the untimely action of drugs carelessly prescribed. This is undoubtedly the effect of administering material doses, as in the practice of the dominant school. It probably follows the administration of more than the single remedy in so-called homœopathic practice. The saving grace of the infinitesimal has doubtless spared humanity much suffering at the hands of faulty and inaccurate prescribers in our own ranks.

To my mind, if there is any truth at all in our theory of similars, it must be admitted that there is demanded one, and but one remedy. There can be no other to truly fill the need and satisfy the craving of the crying cell. This was the teaching of Hahnemann a century ago, and is the teaching of science to-day. The single remedy, therefore, is an expression of the highest type of scientific prescribing.

Thirdly, the morphological unit of life, the cell, is a microscopical object. When one begins to estimate the size of a cell and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy-five to one hundred cubic microns. The micron measuring about twenty-five thousandths of an inch, it is estimated that a cubic inch of liver contains about 156,000 million cells. Accepting Gautier's estimate that the white-of-egg molecule contains five or six thousand atoms and that the liver cell is four thousand times the diameter assumed for the albumen molecule, the number of living units in a single microscopic liver cell must be placed at above 64,000 millions, and the total number of atoms at around 300 millions.

As we have said before, one might as well attempt to patch a pin prick with one of the pyramids as to expect a teaspoonful of medicine to be appropriated by a diseased cell. It is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form.

The Theories of Solution.

Fourth, the accepted theories of solution have placed Hahnemann in a new light before the eyes of the world of learning. A century ago our founder called attention to the importance of dilution, and now the chemist has determined that the greatest power of the chemical is found when it is presented in such form as to break up the mass into its smallest discrete particles. Not satisfied when the molecule is reached, the division and subdivision must be continued until the ultimate elements are reached. These, as is well known, are called ions, and the solution thus presented is said to be dissociated, or in a state of complete ionization. The authorities agree that the dissociation increases with the dilution, from the most concentrated solutions up to a dilution of about one one-thousandth normal. Complete ionization is possible only in infinitesimal dilution. It is safe to assume that dissociation of the simplest drug is not complete under the sixth decimal dilution. We are prepared, then, to believe that the therapeutic value of the drug is not lost when it is placed in such dilution as to represent an amount less than any assignable or measurable quantity.

That this is true is proven, first, by clinical experience. This argument needs but the mentioning; every physician here can testify to cures made with remedies in such dilution as certainly to be far beyond the beginning of dissociation, and probably beyond complete ionization. Then, the laboratory has proven that the properties of completely dissociated solutions are the sum of the properties of all the ions present in the solution. In other words the properties are additive. This holds for such properties as conductivity, lowering of freezing point, refraction equivalent, heat of neutralization and, undoubtedly, for any therapeutic effect possessed by the drug.

The Properties of Radium.

In the same connection may be mentioned the wonderful properties of radium, which have excited interest, not only in the scientific world, but in the minds of all intelligent persons. Within the year, Strutt, of Trinity College, Cambridge, has put forth a book, entitled "The Becqueral Rays," in which he presumes to explain the action of radio-

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active bodies. Some facts gleaned from this volume are pertinent to the present discussion.

For instance, a specimen of radium bromide, placed in a glass tube and gently heated, will evolve a small amount of gas. The emanation emitted by any such quantity of radium as is at present procurable, is absolutely infinitesimal; Strutt says the volume of this gas would not exceed a pin's head. If this emanation is now mixed with a million millions times its own volume of air, the mixture is found to have all the properties of the pure radium.

It has been determined that the emanation thus diluted, generates a solid deposit, although not enough has yet been accumulated to be visible even under the ultra-microscope. The same scientific world which to this day denies Samuel Hahnemann the reward of his labors, has accepted as conclusive the demonstrations in this field of Rutherford and others. In the language of Strutt, "there lies latent in every atom of this emanation from radium a quantity of energy absolutely gigantic." What marvelous powers in the infinitesimal!

Recent Experiments With Gold.

An eminent Parisian physician has recently testified to the wonderful results, both physiological and therapeutic, of minute amounts of gold, silver and platinum. This experimenter, Dr. Alfred Robin, has discovered that "almost infinitesimal doses are endowed with very great activity." For instance, solutions of gold, corresponding to about the 5th decimal dilution of our system, produced such positive results as the following:

"1. An increase in urea, which may arise as much as 30 per cent.

"2. An increase in the coefficient of nitrogenous utilization.

"3. An increase in uric acid which may reach high figures, as much as three times the initial quantity.

"4. A positive flush of urinary indoxyl.

"5. A decrease in the quantity of total oxygen consumed.

"6. A temporary raising of arterial tension.

"7. A profound modification of the blood globules. An injection is followed after several hours by manifest leucocytosis, slight in a healthy person, intense in infectious disorders, habitually associated with leucocytosis; decrease in the number of leucocytes begins at the end of an hour or two, and lasts for a period of time varying from one to two days. The red corpuscles do not seem to undergo any noticeable modifications."

Robin then goes on to say that these results show the possibility of assimilating metals in a condition of extremely diluted solutions, their action being similar to organic diastases. "In the above-mentioned solutions," he says, "the atoms of the metal, separated as widely as possible, are, as it were, liberated, autonomous in their activity, and susceptible in this way of developing greater energy. . . . It is not difficult to conceive that these simple bodies, even in the infinitesimal doses in which they are found, are capable of influencing the chemical reactions of elementary nutrition."

After referring to the results obtained by the use of gold in minute doses in pneumonia, which he claims in six cases out of ten produces a crisis in six days, he draws the following conclusions from his experiments:

"1. That metals in extreme subdivision are capable of remarkable physiologic action, out of all proportion to the amount of metal used."

"2. That such metals, acting in doses which therapeutics considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics." Homœopathy taught this lesson a generation ago!

The concensus of opinion to-day, based on chemical experiment, is that the finer the division of a chemical substance, the more active it is, though unchanged in the quality of its reactions. In its state of complete ionization, its line of direction is not changed but its activity is multiplied; it is altered not in kind, but in degree merely. Furthermore, the physiological efficiency of any drug is not a fixed quality except in infinite dilution. By means of solution we get the most complete division, and in infinitesimal dilution is found the most powerful chemical action. Thus, in this new century, is scientifically verified a statement made by Samuel Hahnemann, who said: "The effect of a homœopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration."

The Dynamization Theory No Longer Necessary.

That the dilution of the remedy increases its power, is not, we believe, by reason of the Hahnemannian theory of "dynamization," as it is ordinarily understood. Let it be said in passing, however, that Hahnemann, in paragraph 288 of the Organon, spoke of dynamization not as a spirit force, but his language was "spirit-like force," quite a different thing. This idea of "force" for many decades influenced and permeated all branches of science. The physiologist was the last to break away from the old theory of "vital force," and to explain all the bodily processes in chemical terms. The idea of a mystical force being possessed by drugs was but the outgrowth of the vitalistic theories of life and disease. The brilliant work of Wœhler and Liebig, and especially of Berthelot, in synthetic chemistry, has cast off this yoke, and no longer is it necessary for the Homœopathist, or any other scientist, to explain temporarily unknown quantities on the basis of some ether, spirit or humor. There is a more rational hypothesis which is acceptable to all the rest of the scientific world. With the present state of our knowledge it is no longer necessary to fall back upon a mysterious "dynamis."

In Hahnemann's day, indeed in our day up to a dozen years ago, there was no way acceptable to science to prove the value of the infinitesimal dose. The founder of our system was excusable in seeking a "dynamis" to explain the facts of his practice. The Skinner of thirty years ago, conscious of the power of drugs and ignorant of the underlying causes

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producing their effect, was justified in the enthusiasm of his early writings. Few of us to-day believe his statement in the first number of the English periodical edited by Dr. Thomas Skinner; and called the Organon: "If it were possible for Niagara to pour its unceasing torrent of mighty waters for twenty thousand years through the glass once thoroughly impregnated with medicine, every drop in it, and each drop which has passed through it, would still correspond to the original pathogenesis of the drug, and probably much more. Heat alone can break the marvelous chain of spirit-power here developed. It would be equally as possible for Lady Macbeth to erase the damned spot from her conscience, or hand, as for one of us to cleanse with cold spring water a potentizing glass which has once been thoroughly impregnated with, say, the millionth centesimal potency of sulphur. We might say, with the wretched Lady Macbeth, 'Out damned spot! Out, I say!' But it will not out at any man's or woman's bidding, because it is a part of the great 'I am.'" The Skinner of to-day has but to read the conclusions of modern science to find an acceptable explanation of the action of the infinitesimal, an explanation based not on argument sounding like worn-out theological dogma, but founded on laboratory experiments so graphic as to convince the most skeptical.

The infinitesimal dose is as reasonable, as explainable, as scientifically sensible, as is any other one thing in natural science. Let no one tremble to observe the progress of the sciences collateral to medicine. If we study the theories of modern thought and examine them to see how they relate to Homœopathy, we find nothing to disturb us. As the wing of the bird fits the air, do the most recent views in chemical and physical science adapt themselves to our honored theories. Unless we are tardy in demanding recognition, the scientific world must soon accord to Homœopathy its rightful place. By every test of modern thought it embraces all the essentials of a system of medicine, universal in application and exclusive in the therapeutic field. Let us demand our heritage!

University of Michigan, Feb., 1906.

Psychiatry.

ILLUSTRATIVE CASES OF MANIC-DEPRESSIVE INSANITY.

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Manic-depressive insanity, a form of mental disease supposed to be due to some inherent constitutional defect, presents two characteristic features that in combination distinguish it from other morbid conditions of the mind. The first is a tendency to complete recovery without impairment of the mental faculties. The second is a tendency toward the recurrence of the disease itself. Other distinguishing traits are depression and excitement. These may follow each other in turn, or be separated by an interval of complete health that lasts a few days, a few months or perhaps several years. In irregular forms of manic depressive disease, excitement and depression may appear in the same person, causing a more or less constant wavering between various degrees of sadness and gaiety. The manic-depressive group now includes many conditions hitherto considered distinct entities and altogether unrelated, such as some forms of recurrent melancholia, recurrent mania, alternating insanity and certain atypical varieties of mental disease characterized by excitement, depression, an interval of health and a recurrence of the special symptoms. Circular insanity is the prototype of the entire group.

The fundamental symptoms of manic-depressive insanity are given with clearness and precision by DeFursac, who divides them into two groups. The first group comprises the various phenomena that are due to sluggishness of restriction of the mind, to a psychic paralysis. The special symptoms belonging to this first group are always present in states of excitement as well as in states of depression. The first of these symptoms is a weakening in the power of attention. The next in order is a sluggishness in the association of ideas. Then follows a lack if normal perception; and the last of these four distinctive phenomena is pathological or unnatural indifference. Mental action thus restricted results in lessened capacity for intellectual work and for the management of affairs.

The second group of symptoms are not the outcome of sluggishness of mind or psychic paralysis, though often accompanying it. They are the direct result of an undue prominence of mental qualities that are not dependent upon the will. They are incidental to the disease, not all of them necesarily present at the same time and some of them never present. Among the symptoms due to abnormal prominence of mental qualities which are independent of the will, are a too rapid succession of ideas, a marked irritability, impulsive acts, illusions, delusions and hallucinations, and sometimes impe.ative ideas associated with states of anxiety. Outbursts of anger arise from very slight causes. There are rapid changes in the emotional attitude, with abrupt transitions from gloom to cheerfulness, from a deep depression to simple gaiety, all equally without motive and quickly forgotten by the patients themselves. "Psychic inhibition and exalted mental automatism," in the briefest way, expresses the mechanism by which is produced the interesting entity known as manic-depressive insanity.

The following eight cases treated at Stamford Hall give definite clinical pictures that illustrate and emphasize the distinctive features that are the essential characteristics of the disease in question:

The first, No. 1,580, male, American, twenty-seven years old, a schoolmaster by profession, and a Yale graduate, remained at Stamford Hall during a period of five months. The first symptom complained of by the patient at the onset of his illness was nervous indigestion, which began in the spring of 1903. He then felt weak and irritable, and was troubled with insomnia. A sudden strange feel-

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ing in the head came on one day while the patient was conducting a class recitation. The physician who saw him was reported to have said that five or six days of rest at home would probably make him all right again. Nervousness increased, however, and with this came a desire to get away from his family. A visit to relatives in another State was then arranged. There the children of the family worried him; and agitation about religious matters began to excite him and make him gloomy. To his hostess (his aunt) he gave violent and gratuitous advice concerning the right way to bring up children and to manage a household; and with his uncle he had many heated arguments concerning religion. Taking a sudden dislike to all these relatives he concluded to go South. There religious discussions were continued with a Catholic priest, and the merits of Catholicism and Protestantism contrasted and freely debated. The patient about this time suffered a great shock in the form of bad news from home, and from this emotional crisis dates his mental aberration. When dining with his friend, the priest, he suddenly burst into tears at the table. A glass of wine was given him as a restorative. Being unfamiliar with wine, its taste and effect suggested the idea that it had been drugged or poisoned. In consequence, he decided to return to the home of the despised relatives he had recently left. On the return journey the patient imagined other travelers were following on his track in order to kidnap him, and to make way with him in order to get his money. With these unpleasant ideas in his mind he did not dare to eat during the long journey, fearing the food at the wayside restaurants might be poisoned. Arriving at the house of his aunt about daylight, his condition seemed to the family a most serious one. A physician was summoned, who insisted upon rest in bed. Two nurses were placed in charge by day and two others to relieve them at night. The patient says he thought heaven had come, and Christ was again on earth. He also fancied that he was the Pope. He remembers that he was noisy, unruly and difficult to manage. Later, he went to an institution for treatment, and believed that this place was a hospital run by Masons, a sort of Masonic retreat. Here he was restless; dissatisfied, but not melancholy; had an idea others wished to get him out of the way; that he had lost all his money; and was irritated by any kind of restraint, which seemed to him a punishment for some unknown offense. The patient thought at this time that his relatives could not get him out of the hospital, though they were trying to have him liberated, he was sure. He fancied the Masons restrained him for fear he might divulge their secrets. In this institution he was fed artificially for one month. There were hallucinations of sight and hearing at this time; and a delusive feeling of being wronged. He seemed to hear his uncle's voice talking up in a corner of the ceiling. "The family said they were not eating;" they seemed to be starving; it appeared wrong to the patient to take food if they had none. This idea resulted in complete refusal to take food, out of motives of compassion and sympathy. The patient imagined that not eating anything would prove in some way an advantage to his family. At this time he began to "dream with his eyes open;" would see through locked doors into a room where sat his mother, her mother, her grandmother, her great-grandmother, etc.; and also his father's mother, her grandmother her great-grandmother, and so on through a long line of ancestors. He seemed to see his sisters marking out a grave. When they came to visit him he never spoke, because he fancied they could read his thoughts. Talking was therefore unnecessary.

One day on the piazza at Stamford Hall it suddenly occurred to him that it might be foolish to imagine that others could read his thoughts. His companions did not worry much about such things; why should he? At this time he took to reading to forget these queer ideas. By degrees he learned to take rational view of events and gradually came to see things in their right light. On his arrival at the sanitarium it was noted that the patient was thin, anæmic, confused, disoriented, with unreliable memory, much constraint of manner and embarrassment of speech. It was difficult to induce him to talk at all. All conversations were carried on in monosyllables and in very short sentences. He gave evidence of hallucinations of hearing. At first the patient was disinclined to eat, though while at the sanitarium never absolutely refused food. As he talked so little it was impossible to get any particular history of his delusions at the time, although they were evidently present. "Voices" told him things were going wrong at home, so he tried to run away. This he divulged later as an explanation of his conduct. There was no particular pressure of activity; no depression; he seemed puzzled rather than worried. This patient was inclined to be solitary; preferred staying in his room to associating with the other patients. At this time sleep was fair; rather better than could be expected. The patient had a habit of standing about, even when reading. This habit disappeared before long, and the appetite improved. Pupillary reflexes and the patellar reflexes were normal; there was no tremor of the hands or eyelids. Heart, lungs, urine were all normal. The lobes of the ear were attached, and traces of hæmatoma existed on one side. The head was dolichocephalic and not well proportioned. The patient presented an intelligent appearance, the intellectual air of a student. He played the piano fairly well when improvement began to take place. Fatigue or overexertion showed itself most markedly in his playing. Notes would be dropped without the patient noticing it. Silly laughter would be heard in moments of fatigue; and there was at times a certain amount of confusion of mind. During the relapse or fatigue periods the patient's peculiarities were not noticeable when first entering the room. They appeared only after some conversation with him. After a time he was allowed to work a little; but he did not seem so well afterward, and this was stopped. He took to studying French and German, which did not harm him; and he went out driving and

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walking at stated intervals. The patient steadily continued to improve; and in about a year from the first appearance of mental symptoms, five months from his admission to Stamford Hall, he was discharged recovered, starting off on a pleasure trip before returning to his school duties. He could remember almost everything that had occurred during his mental illness, all his delusions and hallucinations, why he refused to eat and why he wished to run away. He realized that his ideas had been wrong, but added: "They seemed true at the time."

No. 1,675 is also a case of manic-depressive insanity. This patient, an American, forty-two years old, married and a scholmaster by profession, like the patient whose history has just been given, arrived at the sanitarium in a condition of violent acute mania, one week after the onset of the excited state of his disease. The attack began with worry and sleeplessness, with loss of appetite and mental depression following a disagreement with a person connected with the school. This was about two months before the stage of excitement set in. For a year previous to this dispute the patient had been working hard, without sufficient rest or recreation, and had not spared himself in any way. When he became sleepless and depressed a change of scene was advised. The patient went South with his wife to his old home, where he seemed quite like himself in a few days; and at the end of three weeks appeared perfectly well. His wife then left him in the care of his friends, and returned to the Northern town where she lived. About this time some school work was forwarded to him. To this the patient applied himself with feverish intensity day and night until it was finished, going without sleep in order to get it done at a specified time. This made him nervous and excited. When it was finished, in spite of the entreaties of his friends, he insisted upon starting for home. He was now much overwrought, saying he had to go and refusing to listen to any warnings. A physician accompanied him, reporting that everything went on very well during the night in the sleeping car; but by morning the patient was quite beside himself, preaching all the time, and getting angry with the porter because he did not bring for his breakfast everything that was on the bill of fare. He had a delusion that he must eat everything; wanted to eat a fly and then a hair; and because not allowed to do so, took off his clothes and sat undressed in his berth from 8 in the morning until 2 o'clock in the afternoon. Part of this time he talked politics and part of the time religion, always in an excited manner and with much movement of the body. In the afternoon he realized that he had been wrong about his idea of eating. As soon as he got off the car in one of the Southern cities he started to run away, going up and down and back and forth for about fifteen minutes. The police officers took him in charge after efforts none too easy, and then sent for the sheriff. The patient accompanied the sheriff and the police to a more distant town, where expert physicians were called to see the patient. This journey was made in an ordinary coach as the railroad authorities would not allow him to come back into the parlor car. The patient had by this time taken a violent dislike to his own physician and refused to let him come into the car where he was The patient then tried to board a south-bound train and to run away whenever the cars stopped. After the consultation of physicians it was decided to use the most prudent measures possible. When unrestrained, the patient was continually in motion, talking incessantly and gesticulating wildly, and in great danger of doing harm to himself or others. For safety, he made the journey to Stamford on a hospital cot in the baggage car, and was brought to Stamford Hall in an ambulance. Note in the record of his case the day after his arrival at Stamford Hall says: "Patient put to bed and given a glass of hot milk every two hours. Slept a little is quieter today; talks incessantly on a variety of subjects." Two weeks later is the following note: "Continues to improve steadily; is in excellent physical condition; converses on any subject that is mentioned; describes graphically his trip to the North and his experience in the South." In four weeks from the onset of his attack of mania the patient was discharged from the sanitarium and started on a sea voyage with his wife. Here is a case going through two opposite phases of manic-depressive insanity in about three months. The period of depression lasted two months, and the maniacal stage one month.

The following history gives the chief features of a mixed form of manic-depressive disease. Case No. 1,800 is an American, thirty-seven years old, broker by profession, married and the father of two children. The family history is not good, though an interesting one medically speaking, the grandmother having been a patient at Stamford Hall for the treatment of mental disease. The patient became greatly overworked in Wall Street, and in order to gain rest and some freedom from care gave up his own work to go into business with his father. This made no material change in his condition, however, his disease continuing to develop in a perfectly characteristic manner. For some time his conduct and speech had been a little strange; so unusual that friends noticed it, and remarked upon the alteration in his behavior and appearance. His attack declared itself suddenly one day on the railway train, when he announced his wife was dead, and insisted upon sending incoherent telegrams. The patient became rapidly worse and was sent to a sanitarium in a distant State, where improvement took place. In a short time he came home and soon returned to business. Then depression set in, with a decided religious cast that caused him to pray nearly all the time. Sometimes at these prayers he would become utterly relaxed, either on the floor or on the bed; and then as quick as a flash would spring up again and go through various absurd movements. Again and again he would beg his wife to forgive him all the sins that he had committed against her, and implored her to tell him if God would forgive him. His conversation soon became irrational and incoherent. Moments of sudden muscular relaxation that were as suddenly followed by muscular tension

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became characteristic features of the attack. On admission to Stamford Hall the patient was excited and incoherent, over-active in motion and speech, striding up and down with dramatic gestures and forced attitudes, snapping his fingers, clapping his hands, placing his fingers on his lips to enjoin silence. He would cry out: "On guard, gentlemen! All along the line! Are you present?" Then he would count the people in the room. He refused to take some medicine from his nurse, saying that the man had not the countersign. Assuming an attitude of prayer, he would say: "In the name of the Father, Son and Holy Ghost. I am Judas. You are Christ. It is finished. Amen."

At times he would become extremely apprehensive over the welfare of his wife and cihldren, bursting into tears when speaking of them, or starting a sentence and never finishing it. His manner continued semi-dramatic and showed considerable suppressed excitement for some weeks later. He was for a long time very restless, with a strong desire to be up and off and away. In fact, he was always devising some plan to escape. His reflexes lungs, heart and kidneys were normal. In about two weeks after his admission to Stamford Hall the patient began to talk quite rationally for brief periods, though complaining that his thoughts were confused and that he could not get a clear view of things or of what had happened. A note of August 18, two months and a half after admission to the sanitarium, says of this patient: "It seems difficult for him to think of anything to say; takes his wife's letters out of his pocket and kisses them; prays a great deal at times. He feigns an attitude of well-being and indifference, says that he feels all right. Is in good physical condition; looks well, sleeps well and has a good appetite." Two weeks later there were no signs of excitement, the patient stating that he was no longer depressed or worried. He now began walking about the grounds with a nurse and gained three pounds in weight. His improvement henceforth was rapid; and he was discharged recovered a little less than five months from the date of his admission to Stamford Hall. This is a fair example of the mixed type of manic-depressive disease, with rapid alterations of excitement and depression in each phase, yet with distinct states of mania and melancholia separated by a very short interval of comparative health.

The following history, also of the mixed form of manic-depressive disease, gives the initial attack and some of its subsequent history: No. 1,445 is a German schoolboy, fifteen years of age, who came to Stamford Hall February 5, 1900, suffering from a first attack of mental disease that had its onset the previous week, when he began to show some defect of memory and to do and say queer things. To his father he wrote a confession which is said to be erratic and unfounded. In this confession he imagines himself the victim of a loathesome disease and says other things that are not true. His condition on admission was set down in the record book as due to puberty, overstudy and home friction. The boy's relations with his step-mother had not always been pleasant, and during the early part of his stay at the sanitarium he talked much of his own mother, who had died some years before, and of whom he was very fond. The following statements are taken from the notes of his case: "Seeing a child fall down he claims that he made it fall. Told another person that everything his father had uttered during the past twenty-four hours had been previously thought out by the patient himself. Imagines that the three phases through which he is passing are the 'Three phases of the Trinity.' Shows lessening interest in his surroundings; is somewhat careless in dress and personal appearance; forgets where he leaves his clothes. He realizes there is something the matter with his mind, and seeks to know the reason why." A note in the records bearing the date of February 12, one week after admission, is as follows: "Noisy, restless, talkative, wakeful, hard to manage, laughs hysterically, crows like a rooster and yells. Hears voices. In conversation changes the subject with great rapidity. Operation for circumcision performed, and wound doing well." February 19: "Sleeps well and naturally. Eats well; is bright and cheerful; and talks in a perfectly rational manner." February 24: "Sudden change for the worse. Restless and wakeful at night, laughing and talking incoherently." February 27: "Passed a noisy night; laughing and swearing, mewing like a cat, and crowing. No appetite." March 5: "Dull and depressed. Asks if he may read. Quiet and fairly clear in mind." March 22: "Somewhat confused; is very resistive; misconstrues kind acts as prompted by evil intent; thinks of getting up, dressing, going to meals or a walk are efforts designed in some way to injure him, and asks, 'Do I deserve to be tortured?' Says to the physician: 'You intend to have me tortured by pulling my hair and such like things.' Looks pale and thin. Is frequently nauseated; appetite and memory poor." April 2: "There are fewer auditory delusions; claims that he can now distinguish between real and false voices. Eats well." April 20: "Is gaining in mental health and bodily vigor. Is always bright and cheerful. Sleeps well; enjoys exercise and recreation; gaining in weight and personal appearance." The patient left the sanitarium, June 4, 1900, entirely recovered from his attack that had lasted just four months.

Three years later the same patient came again to the sanitarium, this time from Harvard College, where some examinations had taken place after the Christmas holidays. To this and the excitement of the holiday vacation at home is attributed the second attack. The record states: "He is exhausted, nervously and depressed with retardation of thought; has a poor appetite; is wakeful at night, sometimes sleeping only an hour and a half. Laughs without reason; says his part of the house is so full of electricity that it is terrible. Shows an extreme interest in the points of the compass." About two weeks after admission he attacked his attendant and tried to escape. On the following morning the patient was delusional and incoherent. He then complained of his inability to tell sleeping from

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waking; thought his father had been in the building, and said: "I see through your system of letting people come here as patients, and then having them work out their indebtedness," and claimed that an attendant and one of the patients had changed places, that the attendant was the patient and the patient the attendant. March 3: "Admits false hearing; says the brook talks to him; that he hears the voices of friends in his distant home. Asked to turn back when out walking, as he had an appointment to meet some one at three o'clock. Another day he stated that he was going into a trance and would not awaken for some time. A note made March 30 says: "Patient gradually improving. Sleeps well. Good appetite. Mind confused." By the 22d of July he was much improved, up and about, mowing the lawn as a recreation, playing cards and reading. Seven months from the onset of the second attack he was discharged recovered, and left for the seashore.

Manic-depressive insanity in a woman is the condition next described. Case No. 1,105, a woman thirty-nine years old, married, and the mother of three children, is an American of great refinement and of excellent education. She came to Stamford Hall in September, 1901, with the following family history: "Father was a hard drinker, died of 'softening of the brain,' probably alcoholic dementia; mother died of arthritis deformans; said to have been a woman of much vanity and pretense." The patient has a brother who is a morphine habitue. Her first attack of insanity followed child-birth and puerperal fever in 1881, and lasted about five months. Then came an interval of twelve years uninterrupted mental health before the second attack in 1893. This second attack was supposed to have been induced by a sunstroke. The second attack, like the first, was of five months' duration. Two years of health followed it. There were also other attacks of an average duration of five months in 1897, 1898 and 1899, each beginning in the spring or warm weather, and ending during the cold weather of same year. The attack in 1899 began in August, and ran its full course by the first of January, 1900. The interval of health was short, however, for the sixth attack came on in February, 1900, and continued until June, 1902, a period of sixteen months. All these seizures are alike in their onset and characteristic symptoms; and in the general course of the disease. The following facts are given by the family: When the patient is herself she is refined, sensitive and high-minded. Religious by temperatument and training, she is much occupied with spiritual matters; is also very musical and a good performer on the piano. Naturally full of vim and zest, she is never idle, and is always planning to make life pleasant for herself and others. She is a devoted wife and mother, a stanch friend and an agreeable companion. With the onset of the attacks of illness her character undergoes a complete change. She secludes herself, turns from the friends who have been kind to her, accusing them of the greatest indiscretions and of evil conduct. Always jealous of her husband, she now refuses to admit into her presence the various women friends she has earlier esteemed, believing that they entertain for him a sentiment transcending the bounds of friendship. Delusions of persecution concerning the family soon become persistent. The patient hears voices, and complains of thought transference. Though never suicidal, she shows a disposition to injure others, and sometimes tries to throw a knife or a plate at a companion. Sometimes there are delusions in regard to food. The patient complains that it is unclean, and states that the Lord tells her to fast. She says also that her clothing is unclean. Now and then she screams at night, crying out that there is a man in the room. There are days when she reads her Bible incessantly. No matter what the subject of conversation may be, the patient diverts it to some religious topic and dilates upon that, and has a habit of introducing Bible quotations that are irrelevant and sometimes absurd in view of the matter under consideration. In the record book occurs this note of January 15, 1902: "Patient is very slowly improving; is sometimes very pleasant and natural in manner. At other times she is bad tempered, unreasonable and irrational; often very sarcastic and disagreeable." A month later the record says: "Slowly but steadily improving; does not realize there is anything the matter with her; thinks she is unjustly deprived of her liberty; is becoming more natural in manner, and more rational in conversation. Asked recently when she might see her husband." Four weeks later, March 4, 1901, the following note occurs "Sleeps well; appetite good; has gained thirty pounds; still erratic and peculiar in conversation." April 12: "As a rule, is quite bright, cheerful, and interested in all that is going on. Religious streak not quite so prominent as about the first of May. The patient has had an operation for hæmorrhoids and prolapse of the rectum." She was discharged June 3, 1902, perfectly well mentally.

The same patient returned to Stamford Hall in April, 1904, suffering from her eighth attack of manic-depressive insanity, which had begun about two months earlier. She talked in an exaggerated religious strain; affirmed that her daughter wished to marry against her mother's wishes; accused her husband of conjugal infidelity, and said that she had come to Stamford Hall to get a divorce from him. A note in the record book dated June 12, 1904, makes this statement: "Patient thinks herself superior to everybody; is inclined to be sarcastic, and prefers to remain in her room rather than go out of doors or to be with others. Occasionally is most ill bred and uses vile language; quotes Scripture on all occasions; reads the Bible a great deal; says there is nothing the matter with her, and wonders why she is detained here." A note dated August 15 says: "To-day the patient's Bible was taken away. She states that her present unhappiness is caused by being compelled to live in mean surroundings, and among inferior persons, when in point of fact she has large, airy rooms and a well-educated nurse. Asks to have the nurse stay elsewhere, because they were both born in the summer time, and, therefore, the room becomes too hot at night. Believes everything is too coarse for

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her; that she is unusually sensitive and refined; says she needs finer and more elaborate clothes. When asked how she feels, replies, 'Ask my nurse; it is her business, not mine.' The patient is in good physical condition. Is depressed and inclined to silence during her menstrual periods." By the middle of January, 1905, nearly a year from the beginning of the eighth attack, the patient reached a fair condition of physical health, though mentally about the same as during the summer. At this time she slept well, went regularly to the table, had a good appetite, and went out for a walk twice a day. She took some interest in music, and would play fairly well, though in a manner somewhat eccentric and excited. She asked to be allowed to leave to take a trip to Europe. Any noise at night caused her to say that the nurse was pulling out her teeth and cracking the bones of the patient's children. She also complained of unpleasant sensations in the right leg, saying she had a dying leg owing to constant worry. She objected to all her food, announcing that she was eating dirt. About this time the son of another person, Mrs. Z., made a visit of some days at the sanitarium. The patient claimed him for her own son, saying that he had been stolen by Mrs. Z., and persisted in the idea that the other patient was a cook formerly in her employment. She would seldom go out of her own room after dark, fearing that Mrs. Z. would kill her. Though still in the sanitarium, January, 1906, the patient, whose history has just been considered, gives every promise of ultimate and complete recovery.

No. 1,873 illustrates the fact that attacks of the same type frequently present each time of their occurrence the same general outlines. The patient, an Irish-American, fifty-two years old, married, and the father of eight children, came to Stamford Hall suffering from his fifth attack of acute mania. All the attacks have been similar in character, each lasting about a month, the first coming on when the patient was about thirty-four years old. Typhoid fever when he was twenty-two is the only other disease of which there is any history. The cause of this last attack is given as overwork, and the others are ascribed to various conditions of strain or shock, as being thrown from a carriage, a trip to Boston, and the unusual excitment of ball games, theatre, etc. On admission he was loquacious, talking in a rambling, jocular manner; was confused, restless and mischievous; given to wandering in the rooms of other patients, taking down the pictures on the walls, and moving all the furniture into the middle of the room. To general and symptomatic treatment he responded well, and recovered in a little over a month from the beginning of his illness. Some time in the future an attack of the depressive type will probably occur and definitely dispel whatever hesitation now exists in regard to the correct diagnosis of these recurring attacks of acute mania. The history that follows this is another case in point, though more severe in form.

The patient, a Russian woman (case 1,250), thirty-one years old, of good heredity; married, and the mother of ten children (five living and five dead), all born within nine years, came to Stamford Hall for the first time, August 27, 1898, then suffering from her second attack of manic-depressive disease following the birth of a child. The first attack also occurred after child-birth, eight years earlier, and lasted eight months after the first confinement. Her condition during this first illness is described as flighty and uneasy. She never offered to do anyone any harm, and was not difficult to manage. Then came an interval of mental health covering a period of eight years, during which time several children were born. She made a good recovery. Two months after the birth of her last living child, she had a quarrel with a neighbor and became greatly excited, leaving home and refusing to go back to the house. Her condition was such that she was brought to Stamford Hall by her husband. In the records the note made the second day after admission to the sanitarium says: "Isolated in a cottage away from all other patients. Is noisy at night, sings and talks loudly; is very mischievous, and meddles with everything that she can lay her hands on." A note less than three weeks later reads thus: "Patient is quiet and talks rationally the greater part of the time. On other occasions she is noisy, excitable, and does not sleep well." By September 30, 1904, some definite improvement is noted. Then there is a history of greater excitement, volubility and general disturbance, followed by a period of improvement that resulted in her recovery and discharge, just three months after the onset of this second attack. A period of two years of good health followed, when the third attack of manic-depressive disease began during the middle of April, 1900. Nervousness, some hysterical symptoms and a fainting fit ushered it in. There was also loss of sleep, great weakness and disagreeable sensations about the heart. The patient soon became noisy and excited, had to be put in restraint and fed artificially. In about two weeks she was quieter and very well behaved. Fourteen days later her excitement renewed itself, and she was allowed less liberty during the ten days following. Then she began to improve steadily, and was discharged cured in about six weeks from the beginning of this fourth attack, which happened to be the third one treated at Stamford Hall.

In the middle of May, 1902, the patient was admitted a third time to the sanitarium, now in a condition of acute mania that had begun three days earlier, this being her fourth attack of manic-depressive disease. Among the first symptoms noticed were poor appetite, lack of sleep and restlessness. The patient was also easily excited, moving about constantly, and given to wandering away from home. Once she did not return until two o'clock in the morning. On admission, careful observation showed that numerous delusions had already developed; there was also excitement and noisiness, calling out of the window, and a giving way to sudden outbursts of anger, in which she would abuse every one around her in the most violent manner. Though in very moderate circumstances, she accused her husband of giving to other women the diamonds that had been her gift to him,

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adding that she ought never to have married him. She soon began to improve under sanitarium treatment, and returned to her own home in about five weeks. There she remained quiet a few days only, soon becoming restless and wandering about again, attending auction sales, and buying everything that happened to strike her fancy. She was brought back to Stamford Hall, where her recovery took place about three months from her admission in May. In March, 1904, a little less than two years from the onset of the fourth attack, she came again to Stamford Hall, suffering from her fifth attack of manic-depressive disease, following an attack of rheumatism. She was restless, very talkative, unable to do any work or to get proper sleep. She remained but three weeks, as her family were satisfied to remove her as soon as she appeared rational in speech and could control herself sufficiently to be agreeable. Two days later a friend brought her back, stating that since leaving the sanitarium she had assaulted a servant, and from her husband's different friends had borrowed money, which in the most foolish and reckless manner she spent for worthless or unnecessary articles. At this time in the sanitarium she was noisy, excitable, and even boisterous, dressing herself in a fantastic way and shouting and singing the greater part of the night. She made good average improvement, the various states of restlessness, excitement, gossiping and fault-finding alternating with periods of gentleness, sweet temper and a desire to be of use to others. Recovery took place in about four months from the onset of the fifth attack. When seen eight months later by one of the sanitarium physicians, she appeared to be in excellent mental health and in a good condition, physically. The average duration of these attacks of manic-depressive insanity in the case of this woman has been about three months, the shortest one lasting six weeks, and the longest four months. They have all assumed the form of mania. The patient is now thirty-six years old. It is probable that if the attacks continue to appear in years that are to come, one of melancholia will sooner or later round out the complete picture of manic-depressive disease.

The history which comes next shows the manner in which the tendency toward the classic type of circular insanity may develop. The patient, case No. 1,576, is an American, male, fifty-five years of age, retired business man, married, and the father of two grown children. He came to Stamford Hall October 10, 1898, then suffering from his sixth attack of manic-depressive insanity. The first appeared twelve years earlier, when the patient was forty-three years old. The family history is good, and the patient has always been temperate and self-controlled. No cause can be assigned for the disease, beyond the fact of overwork and too close attention to business from early youth. The attacks have presented a certain degree of regularity, a fair period of health existing between them. For instance, the first appeared in 1886, and the second in 1887. The third did not come until 1891, four years later, followed by another in 1892. The fifth attack made it appearance two years afterward, in 1894; and the sixth in 1898. All these were attacks of mania. The first note, dated October 10, 1898, the date of admission, makes these statements: "Patient has lately been troubled about sleeping. Has never taken hypnotics; thinks his attendant is his secretary. Sends the same telegrams as during a previous attack. Ordinarily cannot read without glasses, but can do so now. Very quiet and reserved; well educated and refined. Thinks he is Jesus Christ." October 18, the notes say: "Patient is violent, noisy, full of expansive delusions." October 24, 1898, the record states: "Quieter; sometimes sleeping well; is full of delusions of the most varied nature. Bodily health good." November 14: "Less excitable and nervous. Much improved. Manner natural." On the 22d of December of the same year he was discharged as recovered, and went home. An interval of health followed, lasting nearly two years.

On December 7, 1900, he came again to Stamford Hall, suffering from his seventh attack of manic-depressive disease. Six weeks earlier he had begun to manifest symptoms of the return of his old trouble. On the patient's arrival in Stamford the phase of mania seemed only in its incipiency; and his family thought that a short stay at the hotel would be of benefit before entering again into seclusion. Here he began business negotiations with the proprietor without his family's knowledge, and drew up papers for the purchase of the hotel; also showing his intention to rebuild the sanitarium. "He is restless, talkative, excitable," says the first note made after his return. "Appetite good; and all bodily functions regular." This seventh attack ran its usual typical maniacal course, with perhaps a little more garrulity and incoherence than had earlier been noticed. In about a year's time he went home, improved, but not well, on November 5, 1901.

In August, 1903, two years later, he again came to Stamford Hall, suffering from well-defined melancholia, the first appearance of the depressive phase of his disease, with a strongly marked tendency to suicide. This was his eighth attack of manic-depressive insanity, occurring seventeen years after the first one that appeared as mania in 1886, and the only one taking the form of melancholia. The history reads as follows: "Has been depressed for about seven weeks; no appetite, does not sleep. This attack is unlike any of the others that have preceded it, and seems a physical as well as a mental breakdown. Off the coast of Maine at a summer resort in the middle of the night he told his son he must go to the dock, get a boat and drown himself. The son says he has been more or less depressed and irritable all summer, worrying about trifles, such as a collar button or unsatisfactory stockings, saying that his clothes were not right, and that all old people were a nuisance. On another occasion he awakened in the night and said in a whisper that they were all going to ruin; that their trunks would be kept and they could not get out of the hotel." Later he asked a physician stopping at the same place to

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lend him $1,000 to go to a sanitarium. At this time he would sit for hours and stare into vacancy. He said his mind was out of order, and feared he might lose all his mental faculties. When his son was out of sight he fancied he was going to run away and leave him. On August 20, 1903, this note appears in the sanitarium records: "Very restless and resistive; hits his head against the wall and bedstead; extremely depressed; worries because he thinks his family are ruined." A little less than two months later he would sit quietly in a chair, giving but little trouble. When questioned, would say that his arms and legs were stiff; that he could not stand up, could not swallow, that his stomach was filled up, etc. At this time the patient was much retarded in thought, speech and movement; and he would act out any symptoms that might be suggested. If it were suggested that his legs were weak, he would stagger and sometimes fall to the floor. Five months later the record reads: "Lies quietly in bed, because he thinks he is unable to move. Is still fed artificially." June 14, 1904: "Announces that he is dead and buried. Says it is impossible to stand up, to sit down, or do anything; 'can't talk, can't eat; nothing is right and everything is wrong.'" November 30, 1904: "No change whatever. Negativism and resistance marked. Denies and contradicts everything; says 'no, no,' to almost every question or suggestion. The strength of his resistive action shows that he is possessed of considerable muscular power."

When he first came to the sanitarium in 1898, at the request of the physician in charge, the patient wrote out a coherent and interesting account of his life, describing his happy childhood on the farm, of his brother as constant companion and playmate, and spoke feelingly of the pleasant years passed with kind and judicious parents. Later, he became a sort of private secretary to his father, occupying this post as long as the latter lived, and sharing in all business schemes undertaken by him. These were many, including mining, shipping milling, manufacturing, brokerage, insurance and railroad interests. When about seventeen years old the patient left college, vowing that he would not complete the course, because of a burning desire to make money in some business career. His efforts proved wonderfully successful and he became rich and prosperous. His first attack of mental illness was supposed to be due to a sunstroke. There was a fall and loss of consciousness, following over-exertion when superintending the unloading of a vessel during the extreme heat of an August day. So expansive were the delusions as the patient recovered from the seizure that the case was diagnosed as paresis. Later, this diagnosis was changed to circular insanity with paretic symptoms. Of this period the patient writes in his history: "In 1886 my real trouble began; yet, as I view the matter now, there never would have been any trouble at all if I could have continued to manage my own business. A physician kept me in bed two weeks, during the absence of my family in Europe, on the ground that I had received a sunstroke; and, later on, others persuaded them that I was unable to manage my own affairs. Opposition to this view on my part caused all the annoyances I have been subjected to. I never felt any pain in my head at the time; have never had an old-fashioned headache since my college days. At this time I could look back five years and see how rapidly during this period I had been gaining in intellect. This appeared to me only an ordinary evolution. I felt as though I could conquer the world if I could have the management of wealthy men's finances. My judges were the ones to be restrained, not myself. No one can judge me but myself, as none have had the same personal experience. If I cared to I could write verses all day long. . . Up to 1887 I had exhibited no criticised actions, and had not experienced any trouble whatever from the so-called sunstroke. It was in the city of X that I thought of having a reunion of our friends in the hotel, in beautiful rooms, with plenty of flowers. My wife objected to this kind of expenditure. This surprised me, as she had never before refused to spend as much money as I thought we could afford. Thinking she had heard of the sunstroke theory, I forgave her for what appeared to me an uncalled-for eccentricity. Later she informed me that I no longer had charge of my own affairs without the aid of others. Her father and herself had been appointed co-trustees; also, that I was to go to Europe again within two weeks, this time with her father. This I did, remaining until the fall of 1889, without experiencing any excitement whatever. In 1891 I was invited to go to a sanitarium for rest, and to resign from a trusteeship in the management of part of the estate left by my father. Both of these things were done. After remaining in the sanitarium some months I went home." The notes in the record after his arrival at Stamford Hall says of this period: "In 1891 the patient wanted to form a combination with his friends to govern the world. The idea was to convert the world. The churches were all right, he said, but it would be better to have a religion that the people could live up to. There should never be a church society, but a general religion for everyone. A man might drink, but never get drunk. If all the millionaires were converted they would use their money in the most philanthropic way by giving work to others. This would save money, idleness being the worst thing for anyone."

These eight cases, when taken together, illustrate the salient points of manic-depressive disease as a whole, and bring out with special emphasis the abnormal indifference, the want of perception, the weakening of attention and of association of ideas, together with irritability, changeable mood, fair degree of consciousness, periodicity of the attacks themselves and the absence of any resulting permanent impairment of the mind.

[Read at Homœopathic Medical Society of the State of New York, at Albany, Feb. 13, 1906.]

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THE NATURE OF HYSTERIA AND ITS MENTAL RELATIONSHIPS.

BY ROBERT C. WOODMAN, M. D., MIDDLETOWN, N. Y.

I have thought today to place before the society some recent views of the nature of hysteria, which in the hands of German, and espeially French, investigators have been shown to be well founded in facts.

Most of us have only vague ideas of what hysteria really is. Our concept of the hysterical tends to represent to us an egotistical young woman with hypochondriacal complaints, very suggestible, seeking sympathy by all possible means, subject to episodes of unusual actions or to actual convulsions, and perhaps doing all these things for a desire to achieve as much notoriety as posible. For myelf, I thought for many years that hysterical persons could just as well control themselves if they had the desire to do so, and regarded their attacks as a sort of voluntary performance. Certainly all this does great injustice to these patients, if it is thought the whole of their malady.

For years text books have spoken of the disease as a mental disorder or a psychoneurosis. Old ideas that it is located in the spinal cord or in the organs of the body may be definitely given up. Its symptoms change as thoughts change and have their origin in mind. The patient, however, has as much, or even more, difficulty in controlling her thought disturbance than has the patient with manic or melancholic attacks in which the impaired self-control has long been fully recognized.

What, then, are the peculiar mental changes that establish a hysteria? Charcot pointed out the way when he found that the traumatic hysterics were caused by subconscious fixed remembrance of the injuries which have set up their trouble. By removing these recollections he cured the hysterics and by suggestion he was able to produce them artificially. Subsequent observers have shown these findings apply to the whole of hysteria. Janet especially has worked along this line, and his book, "The Mental Status of Hystericals," translated from the French into English, contains many examples. It is a most interesting and readable book and will open up to those not familiar with the work done on these lines a whole field of new medical thought.

Janet finds a limitation of the field of consciousness to be the fundamental change in hysteria.

The hysteric has difficulty in keeping all her mental life in one consciousness and when some unusual event, as an accident, a bereavement, an unfortunate love affair, or any event of profound emotional character occurs it is not clearly realized in the mind, tends to be lost to ordinary consciousness, but to appear at intervals as hysterical states. At these times the usual body of recollections are lost to mind, and as these states are not subsequently remembered, Janet speaks of hysteria as a tendency to double consciousness. In this connection we may refer to the little known and little understood phenomena of multiple personality, which we may regard as the extreme type of hysteria. Many cases have been reported. One of the oldest of these is that of Mary Reynolds, reported by Dr. S. Weir Mitchell from his father's notes. She was markedly hysterical, had had convulsions and functional loss of sight and hearing and after an attack fell into a profound sleep, from which she could not be aroused, and on awakening was found to be deprived of all her former knowledge. Her disposition was changed from morose and diffident to gay and cheerful. After some ten weeks she returned to her previous mental condition, subsequently relapsed into the secondary state, when she preserved the memories of the former attack of similar character and continued its education where she had left off.

A case reported in the British "Journal of Mental Science" for October, 1904, has ten separate personalities, most of which are very incompletely developed. One of the most recent—the Hanna case—furnishes the chief topic of Sidle's book on "Multiple Personality," where several instances are collected. This man, a young minister, was thrown from a carriage and rendered insensible. On regaining consciousness all his mental aquirements were gone. He had to learn again what among things about him threatened harm and what was done for his good. He had to learn how to eat and all knowledge of speech and of his old acquaintances was lost. These things he regained much more rapidly than does the child, anything that he had previously known being especially rapidly acquired, so that in six weks he had a good vocabulary and a knowledge of the ordinary relations of life, but no memory of anything which had occurred before the accident. Subsequently he passed at intervals into his normal personality when he knew nothing that had happened since the accident, and after a few transitions from one state to the other he finally fused both into one set of recollections.

A simpler case of similar character is one reported to this society by Dr. Kinney from the Middletown State Homœopathic Hospital in 1895. A young man who after a fall could not speak or understand spoken speech, but who could write and understand writing. After six weeks he came suddenly to himself and remained so, but never regained any recollection of the interval.*

These sample cases of multiple personality present the extremes of mental cleavage. In the ordinary hysterical the same process is much less complete, but each sheds a light on the other when it is seen that similar factors are at work in both.

In the normal person we know that only a small part of the possible memories are present in consciousness at any one time, but as the necessities of psychic life demand one thing and another is brought to the centre of consciousness. In the hys-

*Since the above was written Prince has described a case very fully in his book, "The Dissociation of a Personality."

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teric it is found that some memories cannot be brought to the mind by any effort, just as in the Hanna case, when in one state he could not remember the other. They are no more present to any every day train of thought than as if the events they represent had never occurred. These missing memories, however, are found at once in certain secondary states and then dominate the mind. Hysterical episodes, convulsions or delirious periods occur when these lost memories come to the fore. At such time the ordinary personality of the patient is so far in abeyance that, as anyone may determine, the hysteric has no remembrance when she comes to herself what has transpired while she was hysterical. This is part of the grounds on which Janet speaks of hysteria as a tendency toward double personality. Contractures and paralyses are also found to depend on ideas lost from the mind; subconscious fixed ideas, as they are called.

Personally, we cannot yet report any success in uncovering these segregated and lost ideas. However, success has been reported by a sufficient number of persons and over a sufficient period of years to make it clear that hysterias arise on the ground of ideas really present in mind, but lost to consciousness, and what is more important from the therapeutic point of view, violent and otherwise intractable hysterical symptoms of many years' standing have been removed by bringing the lost ideas to mind.

How are these subconscious ideas revealed? The patient does not know them in his ordinary waking condition, so it is useless to seek them by direct questions. The better organized attacks reveal them in part. Attacks usually recur repeatedly in the same form and this is often found to be a more or less dramatic reproduction of the exciting incident. Automatic writing has proved successful in some cases. The patient's attention is occupied with something else and an hysterically directed hand writes and reveals the thought it concealed even from the thinker herself. Dreams may reveal it. The most widely used method had been an induced somnambulism or hypnotism.

In hypnotism, as in hysteria, anæsthesia, catalepsies and contractures, paralyses may readily be produced, and they are in fact the staple features of the public exhibition of hypnotism. The phenomena are on exactly the same ground. The subject attends to afferent impulse emanating from the operator until consciousness is limited to this source alone. All other impressions are dissociated just as the hysteric in her attacks limits consciousness to some old disturbing ideas. Both after a certain stage are equally involuntary processes Suggestibility depends on the same causes in each. An induced hypnotism in hysteric cases eliminates the patient's usual personality and furnishes a secondary state within the control of the physician which enables him to get in touch with the lost basis of hysteria.

We must give some illustrative examples of hysterically dissociated ideas culled from the literature. Thus one woman finds the color red very repugnant and nauseating and knows not why, but it is brought out that the color of blood recalls to her the tragic death of her father. Another had her thumb flexed and contractured after being caught in a door. It was curable by suggestion, but often in the morning the contracture returned. She could not explain it. It was because she had dreamed of her accident, as could be readily learned by putting her into somnamulistic sleep. A man had an attack of hysterical mutism after a quarrel with his wife, and during his periods of speechlessness was sombre and wept. He could tell why only in a somnamulistic state, when he explained that the image of the quarrel was constantly before his eyes and he experienced over again the same emotions. In another case severe attacks of delirium were found related to the successful attempts to check the first menstruation with a cold bath. At the same point where the first had ceased subsequent cycles ended with a chill, then convulsions, a severe delirium, then bloody vomiting. Awake she could not give the history of the first menstruation, but only in a deep hypnotic sleep. Her attacks of terror were found associated with seeing a woman killed by a fall and disappeared when in a somnambulistic state she was made to believe that woman was not hurt. She was also blind in her left eye, it was supposed from birth, but she subconsciously related it to sleeping when six years of age with a little girl who had mumps on the whole left side of her face. Reviewing her life while hypnotized showed blindness to have been present only from her sixth year, and the blindness was removed by removing her disgust for this child.

Riklin has recently published an unusually complete analysis of an hysterical case and an abstract of his report is found in the Psychological Bulletin for July 15, 1905. In this case a wide variety of subjective complaints were traced to their subconscious co-relatives, which mostly related to incidents in her very irregular sexual career. Partial accounts given in hypnosis sometimes aggravated her condition, but full accounts cleared her mind.

One of the useful remote results of these studies permits us to clarify our ideas on a number of topics which are regarded by the laity as very mysterious and which we have not before been able to explain in terms of something else known. We can now say that hysteria is a cleavage of consciousness, so the dissociated part is capable of more or less independent action. In its wide sense hysteria is all the dissociations that tend thus to organize. Hypnotism is such a dissociation and becomes an induced hysteria. Spiritualistic mediums when genuine pass into trances or secondary states—the essence of hysteria. Automatic writing, an accomplishment of hystericals and mediums alike, is a typical dissociation and belongs in the same category, and, finally, as we said, at the apex stand the spectacular cases in which the division proceeds so far that a single patient lives as two or more independent and alternating persons, with only a hearsay knowledge of each other.

You will occasionally hear or read that this me-

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dium or that case of double personality is not in the least hysterical. The one who says this simply means that the symptoms detailed in the opening paragraph are not present, that in the waking personailty anæsthesias, paralysis, contractures and convulsions are not present. These result, it appears, from unpleasant subconscious currents. To say that such persons are not hysterical is only to say that their dissociations are shown in another way, but one that we know often alternates with the above manifestations. We may say that just as an hysteric may have convulsions or paralysis, or both, so she may have convulsions or trance states, or both.

It may be questioned if hysteria is the best name for this group of states thus shown to belong together. It is certainly far from the etymological definition of the word. It is, however, an old word, with rich associations, that has for a long time been applied to part of the phenomena of systematized dissociation, and I know of none other suggested to better cover the whole.

What insanities are in essence hysterias is an open question. Certainly some committed cases are in the above sense of the word hysterical. They are chiefly to be regarded as mental accidents, states of perturbation probably the result of some subconscious fixed idea, but they form a study in themselves and one upon which we cannot enter here.

Because the hysterical cannot fully control these things does not say they cannot partially be controlled. The root of the matter lies in defective syntheses of thought and the education of one hysterical inclined may be directed to thinking things through to rational conclusions rather than allowing them to rest on emotional or sentimental grounds, as such persons tend to do.

Regularity of life and sufficiency of natural and appropriate interests tends to prevent the recurrence of the disorder and to distract from constantly seeking, as it were, the sore point, when the hysteria is established. These measures with appropriate suggestive treatment, based as far as possible on rational ground, suffice to control the simpler cases, and we think only such cases as do not present the usual spontaneous tendency to recover are suitable for treatment by hypnotic measures which in the impressionable hysteric may be productive of more harm than good.

In summary, we may say that hysteria is purely mental in its origin, and as far from being under the full control of the patient as other mental diseases. It consists of the irregular development, usually under emotional shock of just such divisions of consciousness as are seen more evenly and symmetrically developed by hypnotism and in multiple personality and in mediumistic states. Its symptoms are the result of a failure of sense impressions to reach consciousness on the one hand and on the other to disturbances of the mental equilibrium by subconscious recollections.

[Read at the annual meeting of the New York State Homœopathic Medical Society at Albany, N. Y., 1906.]

Diagnosis.

PRACTICAL LABORATORY DIAGNOSIS.

BY GREGG CUSTIS BIRDSALL, M. D., WASHINGTON, D. C.

ARTICLE II.

Examination of the Blood.

In the diagnosis and prognosis of some diseases hæmatology is of great value; in many other diseases there appear to be no blood changes where we would naturally expect to find them. This fact has been especially disappointing in tuberculosis and typhoid fever, excluding the serum reactions.

Accuracy in making the examination is of the utmost importance, the process of counting requiring the most careful technic.

Technic.

I generally take the blood for examination from the lobe of the ear, as this is quite vascular and nerves are less sensitive than in the tip of the finger. A little alcohol is all the disinfectant necessary, and, if applied after taking the specimen, will check any slight hæmorrhage which may occur.

For counting the corpuscles a special apparatus is necessary, that of Thoma-Zeiss being the best. This consists of two graduated pipettes in which the blood is diluted, and a counting chamber which is so made that there will be a table 1-10 millimeter below the under surface of the cover glass, and on this table there is marked off one square millimeter which is divided in equal squares, each square representing exactly 1-400th of a square millimeter.

To estimate the red corpuscles, the blood is diluted, 1 to 100, in the pipette mentioned above, a normal salt solution being used. While drawing up the diluting solution, it is well to rotate the pipette, as this helps to prevent the blood from clotting. If any clotting does occur, the count will be inaccurate. To estimate the white corpuscles dilute the blood in the other pipette in proportion of 1 to 10, using a one per cent. solution of acetic acid. Each pipette should be thoroughly shaken to insure a perfect mixture of the blood and solution used. A drop of the 1 to 100 dilution is placed upon the table of the counting chamber, and a cover glass applied. Care should be taken that the drop is small enough to remain on the table without running into the surrounding moat. Thirty or forty squares are counted with the one-sixth lens, and an average taken, giving us the number of corpuscles in each square. As the distance from the cover glass to the table is 1-10 millimeter, and as there are 400 squares in the square millimeter, we multiply the number of corpuscles in each square by 400x10, gives the number of red corpuscles in a cubic millimeter of the diluted blood. As the dilution is 1 to 100, we multiply by 100 to estimate the number of red corpuscles in a cubic millimeter of the undiluted blood.

To count the white corpuscles, place a drop of

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the diluted blood in the counting chamber as described above, and count all the corpuscles (the red are invisible) lying on the square millimeter. This is done with three or four different drops, and an average taken. Multiply this by 10 to estimate the number in a cubic millimeter of diluted blood and this result by 10—the dilution—to obtain the number in one cubic millimeter of undiluted blood.

For estimating the hæmoglobin there are a number of different apparatus, but the simplest is the Talquist method. This consists of absorbing a drop of blood on filter paper and comparing the resulting color with a given color scale. It is a rapid method, and sufficiently accurate for all clinical purposes. Gower's method is used by many, but takes much more time and is no more accurate.

I generally examine a fresh drop of blood under the microscope as well as the dried film. The fresh specimen shows the degree of crenation, rouleaux formation, size and shape of red corpuscles, and is often a convenient and rapid method of determining the presence of the plasmodium malariæ.

In taking dried specimens for staining the main object is to get a thin, even film. To fix the film it may be passed through a flame three times or immersed in absolute methyl alcohol. When Wright's modification of Leishman's stain is used, no previous fixing is necessary, as the stain fixes the film. This stain gives better results than any other I have ever used, and consists of a 0.5 per cent. solution of eosinate of methylene blue in absolute methyl alcohol. Float the stain over the film for ninety seconds, and then without rinsing add a few drops of water, and allow it to blend with the stain for another ninety seconds. Then rinse well in distilled water, and dry slowly in the open air. This stain brings out clearly the various forms of red and white corpuscles as well as the plasmodium malariæ. The polymorphonuclear neutrophylic leucocytes have lilac-colored granules; the large and small lymphocytes have blue nuclei with light blue protoplasm; the myelocytes have purple granules: Mast cells have dark blue or black granules and eosinophiles are yellowish-red. The red cells are eosin-yellow, and normoblasts—nucleated red corpuscles—have blue nuclei. In differentiating the leucocytes I count no less than two hundred cells from which to estimate percentages.

Normally, there are about 5,000,000 red corpuscles in the male adult, and about 4,500,000 in the female. The white corpuscles vary from 6,000 to 9,000 per cubic millimeter.

Anæmia.

As anæmia is the most common form of blood disease, it is well to consider that first. The blood changes vary in each case according to the cause and length of time the disease has progressed There are three forms of anæmia, of which simple anæmia is the most common; next in order is chlorosis, and least common of all is pernicious anæmia.

Simple Anæmia.

The first stage is characterized by a decrease in hæmoglobin. As the disease progresses poikilocytosis (distortion of the red cells) develops, the corpuscles cease to form rouleaux, and crenation is less marked. There is a decrease in the number of red cells, nucleated red corpuscles appear, and white corpuscles are usually normal or increased. Simple anæmia often accompanies or is secondary to malaria, malignant diseases, chronic dysentery, nephritis and lead poisoning.

Pernicious Anæmia.

While in simple anæmia the red cells average above 2,000,000, in pernicious anæmia they generally range between 1,000,000 and 2,000,000, and in the latter stage 500,000 red corpuscles per cubic millimeter is not rare. In simple anæmia the hæmoglobin in comparison with the red corpuscles is relatively low, while in pernicious anæmia it is relatively high. The red cells are large, elongated, and many are nucleated, the megaloblasts predominating. Rouleaux, as in simple anæmia, are absent. There is usually present a leucopemia (decrease in white corpuscles), and the stained specimen reveals a decreased percentage of polymorphonuclear cells, and an increase of lymphocytes. As the fatal termination approaches a lymphocytosis generall develops. Myelocytes are common.

Chlorosis.

This should not be confused with either of the above forms of anæmia. The red corpuscles rarely fall below 2,000,000, the white corpuscles are usually normal, and hæmoglobin is relatively low. The difference is more readily seen in the stained specimen, as the corpuscles are round and about normal in size with light centers and dark edges. Normoblasts (small nucleated red cells) are common, and myelocytes are very rare.

Leucocytosis.

Another blood change commonly met with is leucocytosis or an increase in the polymorphonuclear variety of white cells. There is a physiological leucocytosis in infants during digestion and during pregnancy. Pathologically, it is found during the course of malignant and inflammatory diseases, and often confirms the diagnosis of abscesses in different parts of the body: appendicitis, pneumonia, peritonitis, and all pvæmic and septicæmic conditions. Exceptions to this rule are found in typhoid fever and tuberculosis. An increasing leucocytosis is generally diagnostic of the formation of an abscess in appendicitis, salpingitis or peritonitis; while an abscess well walled off may contain a large amount of pus and still give only a mild leucocytosis. Cases of catarrhal appendicitis are seldom accompanied by a leucocytosis above 14,000. In suppurative cases there are generally from 15,000 to 20,000 leucocytes per cubic millimeter. Leucocytosis during pneumonia is of considerable prognostic value, and, if present, can be relied upon in giving a favorable prognosis. I know of no better method to determine the prognosis of a severe case or prolonged resolution.

Sarcoma and Carcinoma.

Are generally accompanied by leucocytosis, the highest counts being found in carcinoma of the

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breasts and liver, and averaging from 14,000 to 19,000.

Normally, the different varieties of leucocytes have about the following percentages:

Polymorphonuclear neutrophiles .....70 per cent.
Small lymphocytes .....27 per cent.
Large lymphocytes ..... 2 per cent.
Eosinophiles .....0.9 per cent.
Mast cells .....0.1 per cent.

In leucocytosis, the polymorphonuclear neutrophile variety often exceeds 90 per cent.

Lymphocytosis.

Is a common accompaniment of whooping cough, and is of value in its early diagnosis before the "whoop" begins. In a well-marked lymphocytosis the combined large and small lymphocytes often exceed 50 or 60 per cent.

Leukæmia.

Leucocytosis should not be confounded with leukæmia, which consists of two varieties, lymphatic and myelogenous. In both forms the red corpuscles average between 3,000,000 and 4,000,000, while there is a tremendous increase in the number of white cells, averaging about 400,000 per cubic millimeter. In the myeloid form the myelocytes often exceed 50 per cent. of the white cells, while in the lymphatic form there are practically no myelocytes at all, and the lymphocytes predominate.

Pseudo-Leukæmia.

Or Hodgkins's disease presents practically the same clinical symptoms as leukæmia, but an examination reveals normal blood. This is practically the only way of differentiating the two diseases. The prognosis in a case of leukæmia can be governed by the increase or decrease of white corpuscles.

Widal Reaction.

It is important to diagnose typhoid fever as early as possible, and here we make use of the Widal serum reaction, which consists of "clumping" or the grouping together of the typhoid bacilli and a gradual decrease of their motility when typhoid boullion is mixed with blood serum taken from the suspected patient. The technic is as follows: Have a fresh boullion culture of the typhoid bacillus not over twenty-four hours old. A drop of blood is taken on a slide and allowed to dry without spreading This is moistened with a little water, and with one drop of this serum are mixed ten drops of the typhoid culture on a clean slide. A cover glass is applied and the reaction watched under the microscope, and, if the reaction is positive, clumping ought to take place in about fifteen minutes. If nc clumping is observed within a half hour I consider the test as negative. Sometimes there will be nc clumping in a dilution of 1 to 10 when there will be in a dilution of 1 to 30 or 1 to 40, and even higher. It is always wise, therefore, to try higher dilutions when the 1 to 10 fails to react.

Malaria.

Hunting for the plasmodium malariæ is most tedious, and many times it is necessary to examine several films before discovering one of the organisms. I generally use Wright's stain as described above, and look for the plasmodium while making the differential leucocyte count. This saves time. I will not attempt to describe all the various forms in which these organisms appear. In the ordinary case of tertian fever the parasite appears as a blue ring contained within the red corpuscle, and having a small nuclear body stained red. The aestivo-autumnal parasite is geometrically round, and resembles a signet ring to some extent. As the parasite grows, dark granules of pigment appear within the blue ring. The best time to take specimens of blood for the plasmodia is four to six hours after the chill.

In the next article the examination of sputum fæces, milk and exudates will be considered.

Surgery.

THE AID OF PLASTIC WORK IN MODERN SURGERY.

BY CHESTER A. LEIGH M. D.

In all the advances of modern surgery in the past decade no greater progress has been made, in any one branch, than in plastic work.

Operations that were deemed utterly impracticable a few years ago, owing to the great disfigurement that resulted, are performed at the present time with little or no disfigurement to the patient.

Of course, they were performed to save life, but done in such a way that the patient was a most unsightly object, and one to be pitied, and at the same time shunned, on account of the loathsome appearance of the face, head, nose, eyelids, lips and ears; and so the advent of modern plastic work is not only a Godsend, but a living monument to the skilled surgeon of today.

Now, gentlemen, I am not sufficiently experienced myself to go into an elaborate discussion, or to advance any startling methods of procedure in this line of work, and so with your permission I will cite two cases which came under my observation, both in which I had the honor of assisting our colleague, Dr. J. H. McCullough.

Gentlemen, the first case is one that was admitted to the hospital suffering with a sore on the upper lip, involving nearly half of the right side; the induration extending well up on the right side of the face, nearly to the angle of the eye, and down on the right side nearly to the cryco cartilage and back nearly to the angle of the jaw. The man was fifty-three years of age, a teamster by occupation, and one who smoked a clay pipe incessantly.

A diagnosis was made and confirmed by the use of the microscope to be that of epithelioma, and the question arose as to whether or not it would be advisable to operate, and if so, how it could be done with the best results to the patient.

After some consideration it was decided to cut away all of the indurated lip and to carry the incision in such a way as to enable the surgeon to

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dissect out all of the indurated tissues, both in neck and cheek.

One incision was started well above and to the right of the growth, and the whole part of the affected lip cut away. Then the incision was carried out from the angle of the mouth, and a flap cut to fill the part which had been cut away. Then another incision was made at the angle of and running along the lower border of the jaw, and the hard and infected tissues of the face and neck were completely dissected out. After removing the involved tissue, the next question was to sew up in such a way that the normal, or nearly normal, expression of the face should be restored. What was left of the vermilion border of the upper lip was undercut and drawn down and over the edges of the flap that was taken, or, rather, turned on itself, to replace the lip.

This was sutured with fine silk; the flap was also sutured in place.

The edges from where the flap had been taken were then undercut, thus allowing them to come together with very little tension on the silk sutures. The neck incision was next sutured, and finally mattress pins were passed through and through the upper lip and fastened. Dressings were applied and the patient put to bed and watched.

The man made a complete and rapid recovery, with little or no scar tissue showing. On the ninth day after the operation the last stitches were removed and the patient was discharged.

Some time later I saw the man, and his beard and mustache had covered the neck and lip wounds and the contour of the face was perfect. He could articulate perfectly and even whistle.

The nerves and vessels the surgeon must take care not to sever are the facial or seventh cranial, the facial artery, branch of the external carotid and the facial vein.

The second case is one that was admitted some time after the case just mentioned He was suffering with an epithelioma of the right side of the lower lip. The first incision was made well over to the left side, and the indurated mass was dissected out. Next the incision was carried along the border of the lower jaw and the nodules in the neck and surrounding regions were removed. Then came the question of covering the large area left by the removal of the growth. To do this, the lower lateral part of the left side was undercut and drawn over toward the median line; next, the lower lateral part of the right side was undercut, and it in turn was drawn toward the median line. The two edges were then firmly sutured with No. 4 silk, and what was left of the vermilion border was sutured with No. 1 silk. This drew the edges firmly together, and at the time time presented the patient with a new lower lip, rather larger, perhaps, than it originally was. The wounds in the neck were next sutured firmly, and being along the border of the jaw and well underneath, left no visible scar.

Nerves and vessels to look out for: Senventh cranial nerve, facial vein, facial artery and dental artery. [Read before Hahnemann Clinical Club.]

Climatology.

HAS CLIMATE A PLACE IN THE THERAPY OF AFFECTIONS OF THE NERVOUS SYSTEM?

BY FREDERICK W. SEWARD, JR., M. D., GOSHEN, N. Y.

A negative answer would, in all probability, be given this question by a large majority of physicians, since the general impression prevailing is to the effect that climatic conditions are rarely to be taken into consideration as referring to the treatment of nerve disorders, except, perhaps, that high altitudes and dry, stimulating atmospheric conditions are contra-indicated.

Some experiences along these lines may be of interest and instruction, since they tend to demonstrate the efficacy of these latter conditions.

Case I. A young woman of 33 years of age had been an invalid for eighteen years prior to her coming under our observation. So far as diagnosis and nomenclature are concerned, her condition was expressed by the term neurasthenia. When admitted at "Interpines" she was extremely debilitated, emaciated and emotional. She was practically bedridden, and could not endure the least exertion or excitement.

Complete rest with a most carefully selected diet, which was, for a time, liquid, together with strict sequestration, brought this patient, after many months, to a state which permitted her to walk a few blocks, ride one or two miles and receive visits from her friends to a limited extent. Solid food was taken freely and with no apparent ill effect, but with very limited effect towards increase of flesh, or strength. In fact, during a portion of two years she gained only six pounds in weight; however, all neurasthenic symptoms had now subsided, and she was in a normal condition except as to her ability to assimilate her nourishment.

This condition remained unmovable for several months until, finally, acting upon our advice, this patient, with a competent nurse, was taken to Denver, Colorado. It was assumed the stimulating qualities of that climate would arouse the dormant assimilative function, and the result amply justified this expectation. In three weeks she had gained sufficiently to discharge her nurse, and in six months she had gained forty pounds in weight, and was in every respect a normally well woman. This woman had divided her life since the above period, now several years, between the East and the West, and remains in good health.

Case II. A young woman of 28 years of age, graduate of the Albany State Normal College, of normal build and mentality. During a summer vacation from her duties as teacher in a graded school, she was in the fields picking berries when she was overcome by the excessive heat then prevailing, and suffered a slight sun-stroke. From this time there was manifest extreme nerve weakness and irritability.

When admitted to our institution she was hysterical, emotional and troubled with insomnia to a de-

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gree. After months of complete rest, careful dieting and medication she rallied and became reasonably strong. Summer time came when we thought her about recovered and with the first hot wave, accompanied by excessive humidity, the case went absolutely to pieces, and she was as when received. However, she rallied far more promptly from this attack, and was again up from her bed when another heated and humid term supervened, and down she fell again. During the months of July and August of that year, 1904, this process was repeated four times. We now advised the case be taken to the arid region, and strongly recommended New Mexico.

Her improvement, after reaching there, was prompt and decided. Within four months she was able to resume her occupation as teacher, and has continued in this for two years. Her health has been thoroughly re-established.

Case III. is that of a married woman of 42 years. Large of physical structure and of robust health prior to an attack of melancholia, which developed suddenly in the fall of 1903. This woman had lived all her life in Southwestern Texas, near the Gulf of Mexico. A region in which malarial conditions obtain continually. She was brought North, and after a few weeks' sojourn at the seashore was brought to "Interpines."

At time of reception she presented all the manifestations of a profound melancholia with very pronounced suicidal tendencies.

This case presented also all evidences of a clogged and sluggish portal circulation. She improved steadily during the following five months, but not as rapidly as wished for, and arrangements were made by which Dr. Frederick Seward, Sr., accompanied the family to Las Vegas, New Mexico, where the case made rapid progress to a full recovery. One other case of melancholia, with marked hysterical manifestations, following an unfortunate love affair, occurring in the person of a young woman of 27 years of age, had a similar experience to that of case three, above recited.

With the exception of traumatic cases and those arising from organic lesions, depreciated vitality is the underlying cause of the varied disorders of the nerve centres. The more intimate our knowledge of climatology the more important do we find its influence to be upon the conditions determining bodily health. The cases detailed above would seem to demonstrate a positive and curative effect produced by a dry atmosphere and elevated region upon subjects in which depreciated vitality was marked.

The rationale of the beneficial effects produced by the high altitudes may, perhaps, be deduced from the following:

At the suggestion of the director of the biological laboratory of the University of New Mexico, the late Dr. Maltby undertook a study of the blood of persons in the plateau region, and this work, interrupted by his death, has been prosecuted with vigor by Professor Weinzirl, who has collected a large amount of data.

It was found that the blood corpuscles were increased in large numbers in persons reaching a high altitude from a low altitude. It was also found that exercise in the open air, and especially increased exercise of the respiratory organs, greatly augmented this increase in blood corpuscles. That such increase prevails and is maintained for some time, though eventually dropping back to a normal state.

It would appear that this stimulation is a natural and not an artificial one, and during its prevalence the system regains its vitality to a degree which makes possible the maintenance of normal conditions. [Read before the Hom. Med. Soc., State of N. Y., at Albany, February 13, 1906.]

Addresses.

THE RELATION OF THE MEDICAL PROFESSION TO THE PUBLIC.

BY W. B. HINSDALE, A. M., M. D., ANN ARBOR, MICH.

The members of the medical profession are servants of the public. The doctors are for the people not the people for the doctors, although an occasional opinionated individual may believe to the contrary. Medicine as a pure science without special application, whether from the standpoint of chemist, biologist or experimental pharmacologist is an engaging intellectual employment enjoining upon the student no particular sense of special responsibility; but medicine as an applied science, as an attempt to cure and prevent disease, is a very practical business carried on in the interests of human society.

What has society a reasonable right to expect from the medical profession? What claims have the profession upon society in compensation for special preparation and services renerable or rendered? Society has the right to demand that only men of integrity and conscientious intentions be intrusted with the care of its health or to treat the ills of individuals. Society has also the right to demand a certain grade of skill and proficiency, and to fix the minimum qualifications. Where to set the standard may be an unsettled question, but once fairly agreed upon, as steps are taken in human progress, the profession of medicine must advance from that point. The grade of medical proficiency can be estimated only by comparison. What is demanded by implied obligation or the statute of other specially trained public servants, of teachers, journalists, lawyers and ministers? What is the lowest degree of toleration? These pursuits, as well as some others, including medicine, are usually classified as the learned professions, and are presumably on about the same level in point of requirements. To the end that no one be admitted to practice without adequate amount of specialized knowledge and practical training, examining boards are created to pass upon the young physician's moral character, educational qualifications and technical skill. By creating these boards society has assumed, in the interest of its own safety, the responsibility of determining who may and who may not practice med-

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icine. If any immoral, ignorant or otherwise irresponsible person be admitted to medical practice it is the State's own fault. Formerly the field was free and open, skill and sagacity were supposed to struggle for supremacy against the inefficient without let or hindrance. Now skill and sagacity can not be admitted to the lists until due inquiry and examination be made at the door of entrance. There are those present who before long will seek admission at the door. They should consider well their preparation. Are their labors as medical students being put forth in a mechanical manner only seeking admission to compete in the arena regardless of any particular ambition or ideal? Or do they appreciate the fact that responsibility to those whom they hope to have as their clientele ought even now to weigh upon their shoulders? Not, of course, as a morbid apprehension but as a hope and resolution that they will be sufficient to all the requirements that an exacting and sometimes uncharitable public may make.

For the long years the physician spends in study and training, for his measuring up to the full stature of a legal practitioner, for his pledge of devotion to a sickly humanity, what has he a right to expect in return? In the first place, he has the right to a protection which he does not receive against disreputable and dishonest competition. As matters now stand, anybody who desires to spend money with the newspapers in advertising nostrums and fictitious cures may, with extravagant utterances, cajole a large number of unsuspecting people into making needless or misappropriated expenditures of funds, some of which should go to reputable physicians whom the same public has compelled to submit to having their intellectual equipment searched by a board of examiners in order to determine if they are competent to mix and administer medicines. If the advertising of stimulating and narcotic grogs and Macbethian broths were taken from the press, a good percentage of the current periodicals would be obliged to suspend. If one-half the money paid for nostrums in any town could be made the combined income of her competent physicians, the practice of medicine would be pecuniarily a much more inviting field. More than eighty millions of dollars a year are paid over the drug store counters of this country for patent medicine. There is no business or profession in the world that has such a parasitic growth as has medicine. The frauds are largely doled out by the drug store whose owner is supposed to be the doctor's best friend. Against this injustice the law interposes no barrier. There does not seem to be any remedy at this time. Our efforts are exhausted with our protest. Why people, even some of intelligence, are given to taking mixtures of alleged medicinal properties the contents and effects of which they know nothing, is perhaps due largely to the fact that heretofore they have derived their medical information chiefly through hearsay, the newspapers and other periodicals, and what information has been given out was usually sensational and unreliable. There has been a too wide separation between the public and medical profession. There is a popular superstition that medicines contain mysterious, if not divine propetries; that there are locked up in the breasts of certain individuals, or contained within the wrappers upon certain bottles, great secrets of remarkable healing powers. A kind of superstitious awe about the arts of healing lingers in the minds of those who are uninformed or misinformed.

Of course, the practice of the healing arts requires careful training the same as the practice of engineering, for example; but there is no mystery connected with the surveyor's compass, his measuring rod or logarythmic tables to those who understand their uses. There are no secrets of medicine that may not be read by any one who can understand its vocabulary.

Turning from the foolish if not immoral expenditures of money that should be saved for useful purposes, let us consider another claim the medical profession have upon society. They are entitled to respect and confidence, and, in spite of many exasperating cases of perverted justice and base ingratitude, are probably held in more confidential relations than any class of society. Eeverybody, if not at first, in extremes, flies to his doctor for relief, and usually finds him a sincere, big-hearted friend. There is something about the practice of medicine that develops sympathy in the practitioner, not always a superficial, hysterical ebullition, but a sympathy of action, of expedients, of personal risk, of endurance, of "muscular Christianity," if you please.

One of the large claims society has upon the physicians is a constant contribution to charity. It is a call usually anticipated and freely answered. No class of men do so much for their fellows without expectation of reward as physicians. Beside constant financial losses from scores of patients who do not hesitate to cheat him out of his bills, the physician always has upon his list a great number to whom he expects to render time, service and supplies for nothing. Of no man is it so true that his right hand knoweth not what his left hand doeth as of the parish doctor. He seldom has any quarrels or disqutes except with his professional brethren and these are of such a nature that even neighborhood gossips seldom care to listen.

There is a theory of social adjustment that the public will place a man about where he belongs; that the popular estimate of an individual will, in the long run, be about right; if he is deserving of confidence and patronage his neighbors will find it out. This rule is often good practical philosophy, but the popular estimate is not infallible. Overestimation and under-estimation are frequent faults. Sometimes a doctor rides on a wave of popularity for which there is no accounting. He is known by his professional associates as mediocre or even a mountebank, but so long as he can persuade the laity that he is the best doctor in town he can do their business, while across the street there may be a man of real scientific attainment and careful medical discernment practically ignored. It is not easy sometimes to account for these discrepancies, but an analysis usually discloses some tactful per-

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suasiveness in the one case and the want of it in the other. The psychology of it is the same as in the case of preferences of patent medicines.

There is one more relation between the public and the medical profession of which I desire tc speak. Reference is made to what is usually called preventive medicine. It has not been many years since the determining causes of disease were at all understood and much remains to be learned. Sanitation is a developing and progressive science. The doctor as a private consultant is not particularly a general servant of the people except so far as he may have a large number under his charge, still he is interested in preventing the spread of disease, and every case averted redounds to his moral credit but to his financial loss. The body of the medical profession are all working to destroy the source of their greatest income. This arises from the nature of their vocation. Of course, it would be arrogant for the doctors to assume that they are any more altruistic than any other body of trained men would be if involved with the same problem. However, hygiene is so often a personal matter that the physician must be giving instruction and precaution all the time. The only compensation that he asks for efforts in the interest of the general health is gratitude, which is often withheld or expressed in feeble or inaudible accents. When the public or a neighbor is the patient, indifference and lack of appreciation are natural and to be expected, as no one ever feels so keen an interest in what the doctor can do as when personally needing his services.

Since this occasion is a celebration in honor of that great humanitarium, the Martin Luther of medicine whose theory of drug action and administration has done so much to emancipate the civilized world from blood letting, ponderous bills, massive and nauseating potions, it may not be amiss to consider the chances for a physician of the reformed school to secure practice and make headway in the world. No physician of self-respect cares for a patronage that does not comprise people of social influence and standing There are rabid partisans holding views as erroneous as they are ridiculous, who will tell you that no honest patient can employ anyone to prescribe for him unless a holder of a diploma from a college that teaches a certain curriculum, as if the prescriber were to be an individual of no spontaneity or resourcefulness apart from the set course of instruction he might have taken as a student. The fact is that notwithstanding the least qualified and most mechanical doctor sometimes gains the greater patronage what the average community wants are men of stamnia, studious habits and insight into human nature who can interpret symptoms of disease and apply the remedies indicated. Such a doctor will usually have his worth appreciated and adundant opportunity for developing his capacity.

This is not the place for special pleading. It is a democratic land. The prospective physician has perfect liberty to select and study, without impediment, any profession or therapeutic specialty he chooses. The laws of the sevral States require a preliminary educational qualification of such a standard that the candidates for medical colleges must have fully developed powers of judgment and discretion. Each may decide for himself as to what appeals to his mind as most rational and the best for him to pursue. Dr. William Osler, the great apostle of modern medicine, says: "Nobody ever claimed that the mortality among homœopaths was greater than of the regular school." That is the same as saying, so far as he can see, homœopathic therapeutics is as successful as any. From his view we do not see why the choice of a physician is not after all determined by the personal equation. It is a choice of men and not of school of practice. So far as we are able to judge by observation this is about the view taken by the larger mass of mankind. They do not interest themselves much with technical quibling. Of course, a practitioner of Homœopathy has abundant reason for believing he has more than an even advantage in the medical treatment of the sick, and for that reason he cannot conscientiously think, teach or practice differently.

There are more demands upon the homœopathic colleges for their graduates than they can supply. Last year there were offered to this college more first class hospital positions than the entire number of graduates. There are several vacancies in the largest institutions of the country now at our disposal. The same is the experience of other homœopathic colleges. There are communities in the best localities of every section of the country asking that our system be either represented or strengthened by good men. Our profession is neither over-crowded nor adequate to the supply. It is urged sometimes that we are a minority, that other schools out-number us in members and following. It is probable that every thoughtful person is with a minority concerning some important question. Medicine is not by any means the only scientific pursuit divided by conflicting opinions. If one can not agree with another man or party regarding certain tenets of belief, be they ethical, sociological or medical, it is best for him to abide in peaceful disagreement and treat all persons who have the semblance of sincerity with deferential respect, for Marcus Aurelius may have been right—"All is opinion." Every self-respecting man has some courage of conviction, but it requires little courage to employ a non-empirical system of medicine in these days, although it did in the first setting in of the Hahnemannian reaction. The results are very satisfactory when we regard the indisposition and intolerance of innovations on the part of the majority of the medical profession that have prevailed in times past. A profession that contained no man over forty who accepts Harvey's discovery of the circulation of the blood, or Jenner's vaccination, that thundered anathemas at all who dared to challenge the Galenic system, would naturally oppose a therapeutic reform so radical as that which was commenced by the founder whom we honor with these simple testimonials. [Hahnemannian Oration, University of Michigan.]

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Societies.

NEW YORK HOMŒOPATHIC SOCIETY.

(Received too late for insertion in March issue.)

The Homœopathic Medical Society of the State of New York held its forty-fourth annual meeting in Albany, N. Y., on Tuesday and Wednesday, February 13 and 14, 1906.

The headquarters of the Society were in the Hotel Ten Eyck and the sessions were held in the ball room thereof. The meeting was one of the best attended in the history of the society. A particularly good programme of thirty-four papers was presented. The discussion was general and profitable, although the length of the programme precluded as full a discussion on some of the subjects as would have been desirable. This fact spoke eloquently for the proposed amendment giving the society a three days' session. This was, however, voted down for other reasons.

President DeWitt G. Wilcox, of Buffalo, occupied the chair during the sessions and Treasurer Chas. T. Haines, of Utica, and Secretary H. Worthington Paige, of Oneonta, filled their respective positions.

The meeting opened at 10 o'clock on Tuesday morning with an invocation by the Rev. Chas. S. Hager, of Albany.

The treasurer's report showed a balance of about five hundred dollars on hand. The necrologist, Dr. John Hutchinson, reported upon the deaths of Drs. Edwin M. Kellogg and E. S. Buell, and a resolution of respect was tendered the Old School Society upon the death of Dr. George R. Fowler, of Brooklyn. The Committee on Life Insurance Companies, Dr. George Parker Holden, chairman, presented an exhaustive report, showing that in this State, at least, the leading companies did not discriminate against Homœopathic school to the extent generally supposed. The report was rather incredulously received. Resolutions of approval and endorsement were passed relative to the Stevens Senate (State) bill, calling for the proper labeling and analysis of proprietary medicines, containing alcohol or narcotic drugs, and of the Heyburn pure food bill, U. S. Senate, No. 88.

Amendments were adopted improving the present cumbersome method of nomination and election of officers for the society. The amendment to do away with the semi-annual meeting and to hold the annual meeting in September was laid on the table.

The following were nominated to the Board of Regents as candidates from whom the board is to choose three to serve as State Medical Examiners: Drs. J. M. Lee, J. W. Candee, G. E. Gorham, F. V. Adriance, E. R. Fiske, H. S. Hathaway.

It was the sense of the society that the action of its Executives Committee in conference with the Old School, in taking the stand that the time was not ripe for the unification of the three examining boards, be endorsed.

Election of officers resulted as follows: President, N. M. Collins; first vice-president, T. D. Buchanan; second vice-president, F. W. Seward, Jr.; third vice-president, O. S. Ritch; secretary, H. Worthington Paige; treasurer, F. M. Dearborn; neurologist, J. L. Moffat; counsel, F. E. Wadhams; censors, W. M. Love, W. G. Crump, C. E. Lane, A. B. Vanloon, J. I. Dowling, J. H. Hallock, A. K. Grant, R. B. Howland, G. H. Jenkins, S. W. Hurd, C. R. Sumner, Joseph Reiger.

Tuesday evening the annual banquet was held. About two hundred were present. After an excellent dinner, the president, Dr. Dewitt G. Wilcox, in a witty speech, introduced Dr. John E. Wilson as toastmaster. The following were the speakers and their subjects: The Practitioner, H. Worthington Paige; His Rulers, Lieutenant Governor Bruce; His Responsibilities to the State, Health Commissioner Eugene H. Porter; His Duty to His Patient, Rev. Geo. F. Whittemore.

Wednesday noon the retiring president read his address, filled with pertinent suggestion on living topics, an essay well worth perusal, when and wherever published. It discussed amalgamation of the schools, patent medicines, certain forms of medical (?) advertising as to proprietary me licines, the school methods, with children, etc., etc. The paper by Dr. R. L. Copeland, of Ann Arbor, Mich., upon "The Infinitesimal Dose," and that by Dr. F. C. Curtis, of the State Department of Health, upon the "Erythematous Exanthemata," and the one by Dr. Herbert D. Pease, director of the State antitoxin laboratory, upon "The Laboratory in Public Health Work," deserve special mention.

The scientific programme by bureaux was as follows:

Materia Medica—P. W. Shedd, Chairman. The Infinitesimal Dose, R. S. Copeland, Ann Arbor, Mich. (by invitation); Scilla Maritima, W. B. Gifford; Pyrogen, Rudolph F. Rabe; Echinacea, W. H. Nichelson; The Present Status of the Materia Medica, Charles S. Winters.

Clinical Medicine—Burt J. Maycock, Chairman. Actinomycosis of the Skin, F. M. Dearborn; Some Thoughts on the Tuberculosis Problem, W. H. Van den Burg.

Neurology—Clarence A. Potter, Chairman. The Influence of Heredity in Our Lives, C. Spencer Kinney, Easton, Pa. (by invitation); Manic-Depressive Insanity, with illustrated cases, Amos J. Givens, Stamford, Conn. (by invitation); A case of Traumatic Neuritis Cured by the Static Spark, Charles L. Bailey; Mercury in Its Relation to Nervous Diseases, Clarence C. Howard; The Relation of Climate to Diseases of the Nervous System, Frederick W. Seward, Jr.; The Nature of Hysteria and Its Mental Relationships, Robert C. Woodman.

Obstetrics—C. R. Sumner, Chairman. The Toxæmia of Pregnancy, Frederick W. Hamlin, discussion opened by Edwin H. Wolcott; A Few Obstetrical Abnormalities, Walter Gray Crump.

Gynæcology—Arthur Rogers Grant, Chairman. Ventral Suspension and Ventral Fixation, Nathaniel W. Emerson, Boston, Mass. (by invitation),

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discussion opened by DeWitt G. Wilcox; Carcinoma of the Breast, W. Francis Honan, discussion opened by W. L. Hartman; Posture: Its Value in the Management of the Diseases of Women, Arthur Rogers Grant, discussion opened by George E. Gorham.

Pædiatrics.—John E. Wilson, Chairman. Important Points Regarding the Eyes of Children Frequently Overlooked, A. B. Norton; The Neglected Ear Conditions of Childhood, Herbert D. Schenck; Phimosis and Adherent Hood of the Clitoris: The Effects of the Condition on Children: The Method of Treatment, Sidney F. Wilcox; Dietetic Methods in the Nutritional and Gastro-intestinal Diseases of Infancy and Early Childhood, J. T. Simonson; How May a Constitutional Predisposition to Tuberculosis in a Child Be Best Overcome? H. Worthington Paige.

Ophthalmology and Otology—George A. Shepard, Chairman. The Spread of Infection in Mastoiditis, with specimens, Ralph I. Lloyd, discussion opened by Alton C. Warner; Latent Weakness of the Ocular Muscles, George A. Shepard, discussion opened by George W. McDowell.

Laryngology and Rhinology—Robert Mortimer Jones, Chairman. Some Clinical Reports of Tonsil Cases, L. W. Dean; Tertiary Syphilis, Robert Mortimer Jones.

Public Health—George E. Gorman, Chairman. The Erythematous Exanthemata, F. C. Curtis, M. D., State Department of Health; The Laboratory in Public Health Work, Herbert D. Pease, M. D., director antitoxin laboratory, State Department of Health; Some Thoughts, Observations and Cases, Illustrating What Can Be Done in Apparently Hopeless Conditions, M. O. Terry.

Surgery—William H. Hodge, Chairman. Scopolamine for Anæsthesia—a Fallacy, J. W. Hassler; A Report of Some Clinical Cases, George T. Moseley; Acute Suppurative Pancreatitis, George R. Critchlow.

H. Worthington Paige, Secretary.

Oneonta, N. Y.

Correspondence.

Letter From Florida.

Jacksonville, Fla., March 12, 1906.

Dear Medical Century:

In response to my letter in the Medical Century for February, asking for applications for locations in Florida, I have received but two letters of inquiry. I venture to assert that in the large cities, like Chicago and New York, there are well educated, bright young men who are "hanging on by their eyelids," making a bare living, and probably very bare at that, because they want to live in a large city. They want to become specialists in surgery, or gynæcology, or the eye and ear, overlooking the fact that a man is not fitted to become a specialist in anything until he has been in general practice for from five to ten years; the latter period the better. By locating in the smaller cities and towns, where there is a constant demand for well qualified homœopathic physicians, they can get more experience than can be had by a limited practice in a large city, can acquire property, and become of some importance in the community. Not only that, but they can get more enjoyment out of life, and become better established in the world.

I will give here a quotation from one letter that I received, as bearing upon my criticism of the loose prescribing in Cook County Hospital, by the members of the faculty of my Alma Mater, Hahnemann Medical College:

"Your article, which appeared in the February Medical Century, is terse and right to the point. After my graduation from ———. I went to Chicago to further equip myself for the practice of medicine. Further than diagnosis I learned nothing which assisted me, and as to prescribing, feel that any diversion that I may practice from the straight path of Homœopathy to-day is due to the crude prescribing done in the homœopathic colleges, and Cook County Hospital of Chicago."

I have visited the wards of Cook County Hospital several times, and was astonished and shocked at the crude prescribing shown on the charts. I had at one time a spirited controversy with one of the attending physicians and a teacher in the late Chicago Homœopathic College as to the possibility of curing intermittent fever without using quinine. He claimed that quinine was the only remedy that could cure the disease, and almost called me a liar because I asserted that I had cured hundreds of cases with the indicated remedy, and that I rarely used quinine. It certainly is not possible for a man to doubt the evidence of his eyes and ears, but that is what this learned professor of therapeutics wished me to do. The aim of much of the teaching seems to be to teach the student the easiest way to treat the sick. It is so much easier to prescribe quinine for every case of intermittent than it is to select the similar remedy, unmindful of the fact that in a majority of cases you have simply suppressed the disease. It is so much easier to use morphine with a hypodermic syringe for every case of pain, than to select the similar remedy, which will relieve the pain just as promptly, and without serious after results. I cannot understand how a physician, who, above all men, should be strictly conscientious, and who claims to be a believer in Homœopathy, can do such prescribing. It shows such a lack of knowledge of the creed that he professes, that I should suppose that he would feel like a hypocrite. My belief in Homœopathy is the result of thirty-seven years of active practice, and three years of teaching by my preceptor, the late Doctor N. F. Cooke, of Chicago, and is as strong and well founded as my belief in Christianity.

Will any one assert that my death list would average but three or four cases per annum with any such crude prescribing as is shown in Cook County Hospital? If these men prescribe in this manner in the hospital, they must do the same in their private practice. I estimate that according to the number of deaths each year in this city, and the number of physicians, the allopaths lose at least five to my one.

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In the epidemic of yellow fever in 1888 in this city the allopathic hospital had exactly five deaths to our one, as shown by the following figures, and figures in this case tell the exact truth:

Under homœopathic treatment by myself and two colleagues there were 501 cases with thirteen deaths, a mortality of 2 6-10 per cent. At the allopathic hospital they had 216 cases with thirty-four deaths, a mortality of 15 7-10 per cent. Could the crude prescribing of Cook County Hospital show any such results?

Perhaps some may say that I write like a high potency man, but I do not consider myself enough of an expert in materia medica to merit that distinction. I use mainly the low potencies, but I do use the single remedy, and get results that surprise me, even after so many years of practice.

The showing now being made in the current numbers of the Medical Advance of the crude and unhomœopathic prescribing practiced in the homœopathic wards of Cook County Hospital, is worthy of the very serious consideration of the profession.

Henry R. Stout, M. D.,
President of the Board of Homœopathic Medical Examiners, State of Florida.

The Library.

BOOK REVIEWS.

The Eclectic Practice of Medicine.

By Rolla L. Thomas, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with 2 lithographs in colors, 6 color prints and 57 figures in black. 8vo,. 1033 pages. Price: Cloth, $6.00; sheep, $7.00. The Scudder Brothers Company, Publishers, No. 1009 Plum street, Cincinnati, Ohio.

The Eclectic School of Medicine has been considered to be that school that chose the best wherever found. There might be some question, at least, so we of the Homœopathic School think, as to what constitutes the best. We believe, ourselves, that we are doing the best when we administer drugs according to the homœopathic law. However, there is much similarity between the Homœopathic and Eclectic Schools in one respect which stands in bold contradistinction to the narrow sectarian spirit of allopathy, and that is we are willing to give respectful hearing to the methods of one another and try the same in our practices. We are willing to try Echinacea, have tried it; have proved it. Our eclectic brethren have tried Cactus and credit has been given in each instance, but what allopath has tried either unless secretly and without giving credit?

Therefore we would expect to find much good in an Eclectic practice of medicine, and we do find it in this excellent work. It is full of more real Homœopathy than some books on the Practice of Medicine, in our own school we could mention. It is a safer book to put into the hands of the student than some of the aforesaid works—for it doesn't claim to be homœopathic, while those do and yet give a therapy that would make an Allopath hump to beat. In this work, however, Mercury is not the only drug given for Syphilis, nor Antitoxin the only remedy for diphtheria. Indeed the treatment of diphtheria is sensible and efficacious—and for us, could we not have our own remedies, we would certainly adopt the Eclectic treatment of this disease. So with typhoid fever the treatment is not by antiseptics alone, but a good, sensible therapy in which such remedies as Rhus, Bryonia, Baptisia and Muriatic acid figure. It is a book that any Homœopath can own without feeling ashamed, without having to defend, and while we may not use the remedies recommended in the doses advised, we can get many hints as to their action. And besides this, the general care of the patients, diet, etc., is well laid down therein. It is a good book and we can commend it, and if we were not a Homœopath, we would certainly be an Eclectic.

Modern Clinical Medicine.

Diseases of Metabolism and of the Blood, Animal Parasites, Toxicology, edited by Richard C. Cabot, M. D., Harvard Medical College. Translation from "Die Deutsche Klinik," under supervision of Julius L. Salinger, M. D. New York and London: D. Appleton & Co., 1906.

This is the latest and best work on Constitutional Diseases. In it are treated all problems arising from a discussion of them and the rationale of the symptomatology is admirably set forth. Diseases that were formerly designated as obscure causation are here presented in a masterly manner by articles from those who are specialists in this work. The treatment is modern allopathic and there is much in it that is truly homœopathic in sentiment, thus we find under Chlorosis "there is no specific in the treatment of Chlorosis." What has become of Iron? Relegated to that place it has aways occupied in homœopathic therapy, namely, for individual cases and under certain indications. There is much, however, that might be learned from homœopathic indications that is left out, and consequently the treatment is the part of the work that is least useful to us. The general consideration of the various topics, however, is very fine reading, and this, together with the excellent make-up of the book, makes it a most desirable one to possess.

Diseases of Infancy and Childhood.

By L. Emmet Holt, M. D., Columbia University, N. Y. Third edition. New York and London. D. Appleton & Co., 1906.

This is the third edition of this popular and standard work, and since frequent revision is necessary in a text book on pediatrics, this edition has been revised without increasing its size to any material extent. It is a book that contains good pictures, and this always adds to the value of any work on Medicine. Twenty-five new ones have been introduced in this edition. It is a good work in all its parts, and one can look at the illustrations and learn considerable.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor

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APRIL 1, 1906.

Editorial.

"NAIL THE COLORS TO THE MAST."

From time immemorial it has been the custom of the numerically weaker party in a contest to outline at more or less frequent intervals the principles for which it is striving and to note the progress of events more or less intimately associated with its existence. Hence it is no sign of weakness when the means available are utilized for this purpose. There is in the particular case of the homœopathic school of medicine an actual need that from time to time its adherents shall have presented to them such facts and data as will keep them informed of the status of the practice of medicine which for so many years has had to meet hostile approaches from all directions. This especial need is the fact that a thoroughly planned system of "amalgamation" or "benevolent assimilation," or "absorption" or whatever one may wish to call it, is being followed out by our good friends, the old school. That this is no myth has within the past week been proven to the writer. An attempt was planned by a committee, if which he is the chairman, to organize a society in a community where there are about fifteen homœopathic pyhiscians within a radius of five miles. Word came back that it was of no use, several had joined the old school society, several more had not but attended the meetings and the others were not warm enough to make the ground good for seed. And that's only one instance. It could, without doubt, be duplicated many times over. To such communities as these it is especially necessary to send a message once in a while "lest they forget." Thus, then, we may explain why it is that in the homœopathic journals much appears under the headings "The Present Status of Homœopathy," "The Province of Homœopathy in Medicine," etc., etc. It is simply to keep faithful followers posted as to the onward course of events, and to stimulate the wavering to stronger allegiance.

One of the most recent articles along this line is that written by Dr. G. S. Peck, of Denver, and published in the February number of "Progress." He discusses the situation from two standpoints, enquiring first as to the necessity for the existence of the homœopathic school as a separate school of medicine, and second, as to whether the present efforts to reprove the materia medica are going to be productive of results.

The first question the doctor very properly answers in the affirmative. There is just as much reason to-day for a separate evistence of our school as there was fifty years ago, and that reason can be very briefly expressed in the statement that the controlling elements in the old school have no more belief to-day in the truth of the principles underlying the law of the similars than had the controlling factors of fifty years ago. It seems to us that the whole matter hinges on just that one point, Is the law, similia similibus curentur, based upon a true principle? For ourselves we have an abiding faith that the time will surely come when the old school will accept that principle; while they may not accept everything that goes or has gone with our school of medicine. We believe that the signs of such acceptance are already showing themselves, and that the therapeutics of the future, and the not very distant future, too, will be dominated by that same principle.

Dr. Peck evidently believes in the present necessity for the existence of our school, for he qualifies his idea as to the establishment of homœopathic chairs in universities with much that is to-day impossible. The old school are not yet ready to install a homœopathic department in their colleges in such a way and with such facilities as are necessary to the proper teaching of homœopathic principles. Without such provision it would be the height of folly to consider any proposition looking towards the surrender of our present separate existence. As an additional reason may be cited the fact that the school is recognized as a separate entity by the laws of all the States of the Union, and that our colleges are fully equipped for the teaching of the practice of medicine in all its branches.

As regards to the work of the reproving, Dr. Peck cites the main point when he calls attention to the fact that it will place the materia medica upon a sound scientific basis, and the results of the provings cannot then be questioned by anyone.

In an article on "The Province of Homœopathy in Medicine" in the Journal of the British Homœopathic Society, Dr. Peter Proctor, of Liverpool, England, a president of the British Homœopathic Society, takes a middle ground. Following the lead

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of the late Richard Hughes, he admits that the law of the contraries is a true law, and that the homœopathic physician is in some cases forced by the exigencies of the surrounding circumstances to make use of some remedial measures which do not come strictly within the pale of the law of similars. This would seem to make it necessary that every homœopathic physician should become Porterized. (See the Institute requirement that he shall possess all the knowledge possessed by the physician of the old school, and know Homœopathy, too.) And here Dr. Hughes showed himself to have been in advance of some of our men on this side of the Great Water, who have been hammering at some hospital physicians, who, in their treatment, do not confine themselves to the use of the potentized drug. We wish the position of the Medical Century to be distinctly understood. There is no "tweedle-dee and tweedle-dum" about it. We do not approve of the mixing of remedies which have not been proven as a combination. That is unhomœopathic and a distinct mistake, but neither do we endorse the unqualified damning of all treatment which cannot be pinned hard and fast to the law of similars. There are two sides to every story, and the articles which have recently appeared in print do not do entire justice to the men whose treatment is quoted. Very few men of either school of medicine would dare print their every prescription without some qualifying and explanatory notes. Many things are taken into consideration in outlining a course of treatment which never appear on the case record.

Dr. Proctor says that it would seem that the future of medicine will be of the nature of preventive treatment. And that will surely be true of the adherent of the old school, for when it comes to the actual treating of disease, *per se*, they have practically nothing, while the homœopathic school have—and must always have, their law. Let us be constant on that point. Let nothing persuade us to lower that flag for an instant. *"Nail the colors to the mast."*

We question Dr. Proctor's intimation that the chief claim of the Homœopath is that his treatment is efficacious in *acute* diseases, and do not consider it necessary to present any arguemnts on that point, while we allow that in some cases, as above intimated, we do have to rely upon stimulants "whose entire physiological action is not absorbed by their therapeutic." Upon this point Dr. Proctor enlarges in a very interesting way. We would like to see elaborated the idea advanced by Dr. H. Nankivell, president of the London Homœopathic Society, that "The doctrine of the similars is the only method whereby the practice of contraries can be faithfully and scientifically developed." It would make, we fancy, a very interesting and instructive thesis.

In this connection there comes up a very interesting and important question, namely, "What might be done in view of the present conciliatory spirit of the old school? We must in a spirit of fairness take it for granted that not all of their actions are prompted by a desire to destroy. So, if they say they are anxious to unify, and are willing that we may practice as we please, we should meet them half way. Now, by this, it must not be understood that we retract our emphasized determination to still fly the flag of similia. Not for one instant, but we should be ready with some counter proposition which should be fair to both parties. There is absolutely not a bit of use in our estimation to sit down and pass resolutions asking the government to include in "its experiments on the effects of drug substances whether injurious or not, experiments in which "a homœopathic preparation of the drug substance be administered to several of the provers," etc., etc. That's all rot. The government, meaning the old school practitioners who rule, simply laugh at it, and away it goes to file, where the dust of future ages will accumulate undisturbed. If any work is to be done through the government it will be done by order of some boss or other who has the requisite "influence," as Mr. Dooley says. No, don't make the school look ridiculous any more. Go at the thing in a systematic way which will bring results.

The most feasible plan has been suggested by Dr. DeWitt G. Wilcox in his presidential address before the New York State Homœopathic Medical Society. He says:

"Suppose our American Institute were to select from its membership ten men strong and true who are our recognized experts in the homœopathic materia medica, and men of analytical minds, men in whose faithfulness we would place our abiding trust; request the old school to select from their national body a similar number of careful scientific men. Allow these men so selected to form a commission for the sole purpose of making provings of three or four of our more common remedies, and to further test the law of the similars in the most rigid manner. Place at their disposal sufficient funds to enable it to make the most scientific provings ever yet made. Let the drugs selected for the provings be those which the old school has used empirically for years, like China, Mercury, Strychnia or Arsenic, and which we have used homœopathically for years. After a proving has been made satisfactory to the commission, then let it determine, if possible, what, if any, effect these remedies have upon diseased conditions whose manifestations are similar to those produced by the drugs proven."

As Dr. Wilcox says, this work might require several years to complete, but it would be decisive, and, if the law of the similars *is* a law, Homœopathy has nothing to fear. It would lead to a definite decision concerning the truth or falsity of our law. We see no reason why the attempt should not be made. And just as good a time as any to inaugurate the movement would be in September at the meeting of the

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Institute and the International Congress. We commend the idea to the members. Think about it. Have your own proposition to bring forth. Let us all consider the situation from the standpoint of the best interests of humanity and Homœopathy. Meantime remember that the law of the similars has stood the rigorous test of a century, and that now is no time to haul down the flag.

EDITORIAL BREVITIES.

Some More Facts Concerning the Action of Infinitesimals.

Recently we took occasion to quote concerning the demonstrated effects of infinitesmal quantities of drugs. Dr. Edouard Fornias, of Washington, D. C., contributes to the Hahnemannian Monthly of March a paper on "Symptomatic Prescribing," in the course of which he collates facts which are important, particularly to Homœopaths. He shows that there are undoubted results from these minute quantities. After referring to the facts quoted by us in our recent note on the subject, he goes on to give other interesting data.

Prof. W. Oswald, of the University of Leipsig, experimented on the crystallization of over-saturated substances. He showed that this takes place immediately upon the addition to this solution of traces of the same substances, or rather of an isomorphous nature. Salol, Thymol, Borax and other remedies were used, the homœopathic triturations up to the ninth decimal attenuation—about one-millionth of a grain being used. Water in copper vessels inoculated with typhoid bacilli showed a disappearance of the organisms in three hours, as did also water similarly treated and placed in aluminum vessels.

Argentum nitricum in the proportion of 1 to 1,600,000 parts of water inhibited the growth of Aspergillus niger. More than this, this organism cannot live in water placed in a silver vessel, though no silver could be detected in the water by the most sensitive reagents. The filaments of spirogyra could not live more than three or four minutes in a 1 to 1,000,000,000,000,000 Nitrate of silver solution.

The same organism was killed in a solution of Mercurius sublimatus corrosivus containing but one-trillionth of a molecule to the litre of water.

The toxic force of gold coins in water can be varied simply by varying the number of coins placed there.

The power shown by these substances was called oligodynamic power, and it was in all instances entirely neutralized by adding powdered substances, such as flour, salt, cellulose, carbon, etc. Score one against polypharmacy.

The above are facts which should be at our command when we are called upon to answer ridicule on the infinitesimal dose.

Curative Factors of Climatic Conditions Natural to the Normal Environment.

Under the above caption Major Woodruff, in the Medical Record, touches upon points of very vital interest in this age of the open air treatment for disease. Dr. Woodruff, who is an army surgeon, has made a most careful study of the subject from the most advantageous viewpoints. The medical profession has recently been led to believe that in the treatment of protracted infections, such as tuberculosis, and of fatigue states, such as nervous exhaustion, long periods of quiet, open air life give the best results. This is possibly true, but there are certain concomitants which must be taken into consideration. The most important of these is the normal habitat of the individual.

Major Woodruff makes it clear that "only the person whose conformation, resistance of skin, etc., have fitted them to survive the hurtful effects of too much heat, 'short rays' of light, etc., can safely live in the tropics. Contrariwise those whose habitat is dark or largely cloudy are structurally unfit to survive these conditions of excessive light and heat." It is a fact that the natural habitat of the blond is in the North, while the brunette is found in the South. History shows that blond races transplanted to tropical climates soon disappear as such, losing their racial distinctiveness. A practical application is to be found in the sending of our troops to the Philippines. It has been demonstrated that blond individuals among the soldiers, though frequently the most robust when going over, soon become the victims of "tropic neurasthenia" and are not cured until they remove to colder climates.

"We may safely accept certain conclusions, among which is the fact that in dealing with tuberculosis and neurasthenic states we are safest in assuming that we may be pretty certain of attaining the best results by placing patients during treatment under conditions normal to their ancestral habitat, their conformation, their racial and their personal peculiarities."

Granting this to be true, it means much, for it means that a patient need not necessarily be doomed to exile, for, other things being equal, just as good results may be obtained and oftentimes much better with the patient home, free from the terror of nostalgia.

In a review of this article, J. Madison Taylor writes in the Monthly Cyclopædia of Practical Medicine: "Unfortunately, the present status of drug medication is so confused by empiricism, pseudo scientific conjecture and false reasoning on inadequate premises that we and the public are often in some despair, and the easiest course is to become Nihilists. This should not be. Light will emerge from the darkness here as elsewhere."

We wish it were possible to enumerate all the specifics that have been bred and born and have died during the past hundred years. Their number is legion. Time after time has some absolutely sure cure for disease been heralded by the old school. The fate of each is precisely the same as

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that of its predecessor. It is eagerly welcomed, tried and finally shelved. Each receives the same treatment and today the old school is no nearer the solution of disease cure than it was one hundred years ago. They are driven to the proclamation that the future of medicine is preventive medicine.

What folly! Why should they not have made long ago a fair, unprejudiced investigation of Homœopathy? It is too bad that humanity is still to be made the victim of futile experiments which must cost life, when careful trial of the law of the similars would show them that in it they have a guide which will help in the solution of the problem of disease cure. Surely the result of such trial could not be so disastrous as have been the results of the use hypodermatic injections of Tuberculin, for instance, which same injections have in numberless instances roused to fatal activity dormant disease. Let us hope that "light may emerge from the darkness" soon, and that it may show them the way to properly apply the guiding principle, "similia, similibus, curentur."

Editor's Table.

GENERAL NOTES.

The seventeenth annual report of Grace Hospital is at hand, and shows this fine instiution to be in a most flourishing condition; 1,692 patients were admitted in 1905.

Dr. E. P. Felch, who was formerly proprietor of a small sanatorium at Hudson, Michigan, has secured control of Alma Sanatorium property, at Alma, Michigan.

The number of rejections since the establishment of the boards in 1890 for license to practice medicine in New York is less proportionately in the homœopathic school than in the other schools, the percentages being as follows: Allopathic, 19 9; homœopathic, 13.6; eclectic, 30.6.

We have received the "at home" card of Dr. and Mrs. Henry B. Esmond, of Bondville, Vermont.

Medical Jurisprudence was the subject for discussion before the Chicago Homœopathic Medical Society, on March 15th. Dr. J. P. Cobb and some eminent legal lights presented papers.

Extensive preparations are being made for the meeting of the Missouri Institute of Homœopathy in St. Louis on April 23d, 24th and 25th. The sessions will be held at the Hotel Jefferson The most successful and largest attended meeting the Institute ever held is expected.

Drs. A. H. Friedman and George F. Baer, of the Senior class of Hahnemann Medical College of Philadelphia, were the successful candidates in the examination for resident physicians for the William McKinley Memorial Hospital at Trenton, New Jersey.

The Atlantic City Homœopathic Medical Club meets monthly, and is always well attended. At the last meeting plans for entertainment of the Institute and World's Congress were discussed.

It was a pleasure to the editor of the Medical Century to call on that staunch Homœopath, Dr. H. M. Warren, of Jonesville, Michigan, recently. Dr. Warren has been in practice over forty years, and is one who knows by experience the value of the homœopathic remedy when properly prescribed, and he also knows when to invade the field of general medicine, which is ours "by inheritance, tradition and right," and like all successful physicians of our school finds that Homœopathy cannot be too closely adhered to, in the majority of cases

Dr. C. E. Fisher, now in charge of the construction hospital of the Tidewater Railroad at East Redfern, Va., has sent us papers calling attention to a number of interesting cases that have been treated therein. Work has hardly commenced on the road yet seventeen cases of various injuries have been received. Dr. Fisher is demonstrating the wisdom of having facilities at hand to treat the injuries that naturally arise from such important undertakings as the building of railways, and, indeed, any project wherein large numbers of men are employed.

The Internatioual Hahnemannian Association has emulated the American Institute and taken a postal card vote for the place of meeting in 1906. It will be held at Atlantic City just previous to or after the meeting of the Institute and Congress.

The Homœopathic Medical Dispensary of Boston treated nearly 17,000 patients, and made nearly 45,000 prescriptions in 1905.

The bill to incorporate the American Institute of Drug Proving has been recommended favorably by the Commissioners of the District of Columbia, with one or two minor amendments. One of the amendments was the insertion of the word homœopathic.

"Inasmuch as the annual reports of the organization are to be made to the American Institute of Homœopathy, and as it is also provided that a majority of the board of trustees shall always be members of the American Institute of Homœopathy, your committee has amended the bill so as to have the word 'Homœopathic' appear in the name to distinguish this organization as representing the homœopathic school of medicine."

We are pleased to note this addition.

We have received a little work entitled the World's Anatomists, written by Dr. G. W. H Kemper, M. D., of Muncie, Indiana, and published by P. Blakiston's Son & Co. It purports to sketch the great anatomists of the world. We fancy the author's facilities for research are limited, for we note many omissions, among others Dr. R. B. Weaver, of Philadelphia, who did the most wonderful dissection of the nervous system ever made, but he is a Homœopath. But the greatest of American anatomists, the late Professor Ford, of the University of Michigan, is also omitted. Still the work is not without some value, if only for a nucleus for some one to write up the subject properly, and we would suggest to the future writer the name of the late A. R. Thomas, of Philadelphia, as among the great ones.

The following resolution has been received:

Resolved, That the Germantown Homœopathic Medical Society of Philadelphia, places itself on

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record as opposed to the manufacture and sale of all patent medicines or nostrums of whatsoever sort. and requests all members of the medical fraternity to abstain from publishing their articles in any medical journal advertising patent medicines or nostrums. This Society commends all medical journals and all newspapers which abstain from advertising patent medicines and nostrums for their campaign against the patent medicine and nostrum business. The Pure Food Commissioner of the State is commended for the work he is accomplishing in this direction, and his Society pledges him its support in all future efforts of the same kind. The public is cautioned against the use of patent medicines and nostrums as unscientific and dangerous to the general health and welfare.

Dr. E. F. Gamble, of Coldwater, Michigan, does most of the homœopathic business in his parish. He is a thorough student, an excellent prescriber, and to our certain knowledge, a good fellow. He reports great success in the treatment of pulmonary affections.

A movement is on foot to establish a homœopathic hospital either in Amsterdam or Utrecht, Holland.

Dr. M. S. Ricker and Dr. Charles Sumner, of Rochester, attended Miss Susan B. Anthony in her last illness. Miss Anthony was another famous patron of Homœopathy, having employed this system all her life.

Dr. J. B. Mickle, superintendent of the Metropolitan Hospital on Blackwell's Island, has resigned on account of failing health.

The pure food bill has passed the Senate by a vote of 63 to 4.

We have received a very interesting monograph on "The Right to Practice Medicine," written by Alfred Clum, Esq., a member of the Cleveland Bar. Mr. Clum reviews the history of medicine from its earliest days to the present. He considers the appointment and powers of State boards of health and of registration, showing that all attacks upon these boards had failed of their purpose, the laws under which they received their authority having been in each case declared constitutional. Taken all in all, the paper is a very interesting one, covering the ground of medical practice thoroughly and with fine discrimination.

At the present meeting of the Ohio State Legislature the Christian Scientists attempted to have a bill passed legalizing their practice to such a degree as to enable them to make and collect charges for their work. The bill, however, failed in committee, and was not brought before the House and Senate for action. This occurred in spite of an exceptionally strong lobby, which was on hand to force the bill through.

We have received the announcement of the marriage of Dr. E. W. Crecelius, Norwalk, Ohio, to Miss Bertha Asenath Turner, of Avery, Ohio. Dr. Crecelius is an alumnus of the Cleveland Homœopathic Medical College, and has built up a very large and lucrative practice in Norwalk, where the happy couple will reside. Congratulations and best wishes.

James C. Wood, M. D., Cleveland, recently spent several weeks at Camden, South Carolina, enjoying a well-earned rest. He has been working exceptionally hard this winter, and his little vacation was thoroughly enjoyed.

Dr. and Mrs. D. H. Beckwith are spending the stormy months in the South according to their usual custom. This year they are at Hotel Kirkwood in the Heights of Camden, Camden, South Carolina. The doctor must be growing very youthful, for he writes of arranging to go horseback riding. Good for him! He'll never grow old.

One entire page, seven columns, of a recent issue of the Erie Daily Times is filled with an article by Dr. Edward Cranch, of that city, on the "History of Homœopathy in Erie." Dr. Cranch is a very forceful and painstaking writer, and has made a splendid showing for our school. The article is very valuable, and should be made a part of a permanent record, so that it will be referred to in later years. He reports twelve disciples of Hahnemann as practicing within Erie's city limits. We congratulate him on the article.

The Cleveland Homœopathic Medical College building was recently nearly destroyed by fire. It is supposed that the fire started in some inflammable material in the basement. Fortunately the walls of the building were not injured, the main damage being to the halls and upper lecture rooms. The valuable equipment of the physiological pathological and other laboratories was saved. The work of the college was, if course, interrupted for the time, though at the end of a week of hard work all work except the clinics was resumed. Through the courtesy of the Homœopathic Hospital located next door the surgical clinics are being held in the hospital operating rooms. The loss was entirely covered by insurance.

Wonder why the name of the Hampden Homœopathic Hospital at Springfield, Mass., was changed to the Wesson Memorial Hospital? The example of the hospital authorities at Denver seems contagious.

The annual meeting of the medical and surgical staff of the Cleveland Homœopathic Hospital was held February 28. The election of officers resulted in the choice of Dr. Geo. H. Quay for president to succeed Dr. J. Richey Horner, who had held the office for two years. Dr. T. H. George was elected secretary and Dr. A. B. Schneider re-elected vice president. Great enthusiasm over the assured new hospital was manifested.

Dr. John E. White, of Nordrach Ranch, Colorado, is mailing to his friends a very handsome and comprehensive photograph of his sanitarium, with its generous equipment of tents for open air life We fancy it would not be half bad to be sick and go to his mountain home. The doctor and his very capable wife are making a great success of this very prominent institution for the care of those who are suffering from tuberculosis We wish them continued success.

The 37th annual meeting of the Homœopathic Medical Society of the State of Michigan will be held in Grand Rapids, May 15th and 16th, 1906.

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A strong effort is being made to make this one of the largest and most successful meetings in the history of the Society.

J. H. Ball, Secretary.

WASHINGTON NOTES.

BY H. I. SILVERS, M. D., WASHINGTON, D. C.

Dr. Irwin McConnell, formerly of Harper's Ferry, West Virginia, has located 905 East Capitol street, this city.

Dr. Jno. A. Stutz has moved from Fort Wayne, Indiana, and located 1205 Q street, N. W., this city.

Dr. Otto Sommer has been lecturing on Anatomy before the German-American Technological Society.

The question of Tuberculosis is occupying the profession's mind to a considerable degree.

The drafts of several bills have been presented and discussed before the society, but as yet no definite action has been taken. On the part of the Homœopathic Society is the desire to have proper legislation that will control the infection and re-infection of this community, but at the same time not work too great a hardship upon the person suffering from that disease. The health officer has given the Congressional District Committee a provisional bill which will come up for discussion later.

Tuesday night, March 6, the monthly meeting of the Washington Homœopathic Medical Society was held in the Palm Room of the Hotel Shoreham, Dr. J. B. Gregg Custis in the chair.

Dr. Ira Dennison read a paper on Statistics of Tuberculosis. He compared the number of deaths from tuberculosis with the deaths from other diseases, also giving the ratio between the colored and white populations, showing the disease had a greater rate among the colored.

Bacteriology of Tuberculosis was the subject of a paper by Gregg C. Birdsall. He emphasized the difficulty with which the bacillus is destroyed and of its long life.

Dr. Otto Sommers spoke on Tuberculosis of the Joints, reviewing the joints particularly susceptible to invasion and of diseases which sometimes confound diagnosis.

Dr. L. E. Rauterberg read a very able paper concerning the Homœopathic Therapeutics of Tuberculosis. He asserted that in the treatment of tuberculosis the higher potencies are of particular value, and if a low potency is used, the case is apt to be spoiled or direct damage done.

He reminded the members of the susceptibility of the pregnant women to remedies, declaring this was the time to eradicate constitutional taints from the mother and at the same time influencing the development of the foetus.

MINNESOTA MENTION.

BY H. C. ALDRICH, MINNEAPOLIS, MINN.

Dr. Geo. E. Page has removed from Nickerson to Elk River, Minn.

Dr. G. L. Doxie, Hahnemann, Chicago, '06, has located at Edgerton, Minn., and we regret to report that he has recently lost a part of the thumb of his right hand from an infection.

Dr. and Mrs. Arthur Dawson, of Glyndon, are rejoicing over the advent of a son in their family, which event occurred in September last.

The regular monthly meeting of the Minneapolis Homœopathic Society for February occurred on Tuesday evening, the 20th, at 6 P. M., at Dayton's Tea Rooms. An attendance of fifty was at table, consisting of members and their wives and invited guests. During the discussion of the viands furnished by Mine Host Wright interesting, entertaining, instructive and witty remarks were made apropos to the occasion by Dr. E H. Beckman, city physician, who told of his recent trip among Eastern hospitals; Dr. W. E. Leonard told of the work of the homœopathic hospitals of the Eastern cities. Mr. Ralph Wheelock, who spoke as Mayor Jones's representative, the latter being detained by sickness in his family; Dr. P. M. Hall spoke of "The Physician in His Family;" the opposite side of the picture being presented in an inimitable manner by Mrs. A. S. Wilcox, who scored some telling points. The Society then adjourned to meet at the same place on the evening of March 20th, for a dinner session.

The following were licensed to practice in Minnesota at the January meeting of the Minnesota State Medical Examining Board: A. C. Moorehead, Chicago Homœopathic Medical College, 1902, Chicago; Harper Peddicord, Southern Homœopathic Medical College, '99, Baltimore; Sam'l Schaefer, University of Michigan, '04, Wykoff, Minn; Laura I. Seeley, Hahnemann, Chicago, '05, Faribault, Minn.; O. E. Stewart, Hahnemann, Chicago, '02, Bricely, Minn.

Governor Johnson, of Minnesota, early in January, owing to vacancies from expiration of terms of three members of the State Medical Examining Board, appointed three allopaths to succeed two allopaths and one homœopathist (Dr. W. A. Beach, of Mankato), regardless of the fact that the medical practice act says that three members of the board shall be homœopathists. The Governor on being approached by a committee of homœopathists pleaded innocence and ignorance and said he could do nothing, as the commissions had been issued. However, Dr. Beach holds his position on the board because no (homœopathic) successor has been appointed, and the board upholds him. Further developments are being awaited with interest, inasmuch as the attitude of Dr Beach and the Medical Examining Board throws the burden of proof on one of the three recent appointees of the Governor, and so far we understand no one has thrown his gauntlet into the arena.

(The following is of general interest:)

February 19, 1906.

Dr. H. C. Aldrich,

No. 313 Medical Block, City.

Dear Doctor:—The following is a list of the States with which Minnesota reciprocates to date:

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Under qualifications No. I. and II., Iowa, Kansas, Michigan, Maine, Nebraska, and Wisconsin.

Under qualification No I. only, Illinois, Maryland, Missouri, Nevada, New Jersey, Ohio, South Carolina, South Dakota, and Wyoming.

Enclosed please find law which will explain what is meant by qualifications No. I. and II.

Very truly yours,

O. E. Linjer, M. D.,
Secretary.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. That the State Medical Examining Board either with or without examination may grant a license to any physician licensed to practice by a similar board of another State, and who holds a certificate of registration showing that an examination has been made by the proper board of any State on which an average grade of not less than seventy-five (75) per cent. was awarded the holder thereof, the said applicant and holder of such certificate having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in this State, which said diploma may be accepted in lieu of an examination as evidence of qualifications. In case the scope of said examination was less than that prescribed by this State the applicant may be required to submit to an examination in such subjects as have not been covered. The fee for such examination shall be fifty ($50) dollars.

A certificate of registration or license issued by the proper board of any State may be accepted as evidence of qualification for registration in this State; Provided, the holder thereof was at the time of such registration the legal possessor of a diploma issued by a medical college in good standing in this State, and that the date thereof was prior to the legal requirements of the examination test in this State.

Sec. 2. If by the laws of any State or the rulings or decisions of the appropriate officers or boards thereof, any burden, obligation, requirement, disqualification or disability is put upon physicians registered in this State or holding diplomas from medical colleges in this State which are in good standing therein, affecting the right of said physicians to be registered or admitted to practice in said State, then the same or like burdens, obligations, requirements, disqualifications or disability shall be put upon the registration in this State of physicians registered in said State or holding diplomas from medical colleges situated therein.

Sec. 3. All acts and parts of acts inconsistent with this act are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its passage.

Approved April 18, 1905.

OBITUARY.

Dr. George E. E. Sparhawk.

One of the oldest homœopathic physicians of New England, and the pioneer of Homœopathy in the State of Vermont, died on March 14th, at his home in Burlington, at the age of 77. He graduated at the Hahnemann Medical College of Philadelphia in 1853 in the same class as the late William Tod Helmuth, of New York, and was a student of Dr. Guernsey, of Philadelphia, who was a native of Rochester, Vermont, Dr. Sparhawk's birthplace. He was one of the organizers of the Vermont Homœopathic Medical Society. His skill in his profession was very great, and his consultation practice was very large all over the State. He leaves a large circle of friends, students and associates who will remember the polished, courteous gentleman he was, and will deeply mourn his departure.

Dr. B. F. Grant.

An aged homœopathic physician of Bath, N. Y., died last month. He was a graduate of Cleveland Homœopathic College, class of 1867.

Dr. A. Perry Bowman,

Of Sioux City, Iowa, a graduate of the Chicago Homœopathic Medical College, class of 1878, died on February 19, 1906.

Dr. A. R. Cobb.

Philadelphia, March 3d. Hahnemann College, Philadelphia, 1891.

Dr. E. K. Thompson.

Kansas City, Mo., February 27th. Hahnemann Medical College. Chicago, 1888.

Dr. George W. Pleasanton.

Milford, Delaware, February 26. Hahnemann Medical College, Philadelphia, 1887.

Dr. Charles W. Townsend.

New York City, March 7th. New York Homœopathic Medical College, 1893.

Dr. James M. Selfridge.

One of the oldest and most highly esteemed homœopathic physicians of the Pacific Coast, died at his home in Oakland, on March 4th, at the age of 81. Dr. Selfridge graduated from the Jefferson Medical College, of Philadelphia, in 1856, but practiced Homœopathy, and that of the best, all his life. He was one of the founders of Fabiola Hospital, in Oakland.

Dr. Charles E. Prentiss.

Middlebury, Vermont, March 11th. Though graduated from an allopathic college, he always practiced Homœopathy. At the time of his death he was librarian in Middlebury College.

Kelly's Appendicitis,

Published by W. B. Saunders & Co., is a book that mysteriously disappeared from our table during the course of the past year. We regret that the book borrower of our vicinity never was known to return a book, and yet we are forced to hold him as a shining light of discrimination in selecting such well known and standard publication as the above. Hereafter we shall keep under lock and key the productions of this house.

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Surgery.

GALL BLADDER SURGERY—THREE CLINICAL CASES

BY JAMES C. WOOD, A. M., M. D., CLEVELAND, O.

Acute Cholengitis and Colecystitis Giving Rise to Symptoms Resembling Bowel Obstruction—Operation, Recovery.

Patient, æt. 62, German, large and fleshy. In her younger womanhood she had three attacks of what her physicians called "inflammation of the bowels" with a history of gall stone colic. I was called to see her on October 31, 1905, and found her vomiting fæcal matter, which she had been doing for twenty-four hours. Her physician was a most able one, and made every effort to empty the bowel from below, but failed to obtain either fæcal matter or flatus. The distension was marked and prostration rapidly increased. I had for counsel Drs. Jend, True and Adams, of Cleveland. These gentlemen agreed with me that the abdomen should be opened, and that speedily. Accordingly the patient was removed to the Huron Street Hospital and placed upon the operating table. An exploratory incision was made in the median line between the umbilicus and the symphysis. The abdomen contained at least a quart of brownish serum. Adhesions were found in the regions of the appendix and the hepatic flexure of the colon, and the gall bladder was enormously distended. An opening was, therefore, made over the gall bladder, when it was opened and drained in the usual way. The bile was dark and grummous in character, and the entire mucosa of the gall bladder was mottled and soft. A cigarette drain was placed beside the gall bladder well down into the region of the common duct. The lower abdominal wound was closed and the patient removed from the table exhausted but otherwise in fairly good shape. She did not vomit after the operation, and, although her convalescence was somewhat tedious because of the fact that the gall bladder continued to discharge through the skin wound for some six weeks, she is now well and happy.

Remarks.

This case is interesting because of the complete obstruction of the bowel which was seemingly caused by the cholengitis. Perhaps it would be more in harmony with the facts to say that the bowel was paralyzed because of the infective inflammation which probably started in the gall bladder and extended to the peritoneum. No. gall stones were found at the time of the operation, but before the fistula closed three or four small soft stones the size of a pea worked their way through the fistulous opening. These may have been present at the time of the operation and overlooked, although I explored carefully for them. Of course, it is possible that the infective process had its origin in the bowel, implicating the bile passages secondarily. It is possible, too, that the adhesions which were broken up were sufficient to cause the bowel obstruction. This is hardly probable in my opinion.

There was slight jaundice but it was not marked. This was probably due to the inflammatory process rather than to the formation of the stones, although it is entirely possible that one of the small stones which were afterwards expelled blocked the common duct. Jaundice as a symptom of gall bladder disease is very unreliable. Riedel has pointed out that in diseases of the biliary passages there are two forms of jaundice or icterus, the inflammatory and the lithogenous. The first is due to thickening of the mucous membrane with resulting obstruction, the second to the interruption of the flow of the bile because of calculi impacted in the common duct. When of inflammatory origin it does not last long. It is not infrequently met with in lithogenous jaundice, is variable in degree, but seldom becomes as great as when the common duct is obstructed by a tumor. Involvement of the pancreas may likewise give rise to obstructive jaundice. Lymphatic glands are located along the course of the cystic and common ducts, and these may become so swollen as to cause obstruction. In infected gall bladders which have been removed for acute cholecystitis, the inflammatory changes terminate at the neck of the gall bladder, the lining of the cystic duct being pale and little changed from its normal condition.

Just what the function of the gall bladder is remains a mooted question. Whether it is a mere reservoir for the superfluous bile, or whether, as Murphy thinks it is a regulator for the biliary passages, like the air chamber in a steam pump, is not known. While doubtless it has a special function in the human economy, its removal seems in no wise to affect the patient's health or digestion.

When the inflammation is limited to the gall bladder the disease is technically known as "cholecystitis;" when to the larger ducts "cholengitis." If the finer radicles of the biliary tract are implicated it is known as "diffuse cholengitis."

The symptoms vary in intensity and acuity ac-

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cording to the nature of the infection and the form of inflammation, which may be serous, fibrinous, purulent, gangrenous or diphtheritic. The acute forms of cholecystitis are more apt to cause perforation and general peritonitis. Gangrene of the gall bladder is a rare condition because of the abundant blood supply of this organ.

The infection undoubtedly has its origin, in the larger number of cases, from the intestines, the bacilli finding their way through the biliary passages to the gall bladder. Infective organisms may, however, be conveyed to the infected area through the circulation.

If a chronic inflammatory process is established the resulting changes may cause in time gall stones. The modern theory is that all gall stones have their origin in a beginning infection. It is for this reason that the so-called ideal cholelithotomy (the immediate closure of the gall bladder) is now rarely resorted to. The theory is that all gall bladders containing gall stones are diseased and should be either drained or removed. The operation of removing the entire gall bladder (cholecystectomy) is neither a difficult nor a serious procedure. It should be done in all instances where the gall bladder is much thickened or diseased, or where there are symptoms of malignancy, providing, of course, the liver itself is not involved in the malignant process.

In cholecystitis and cholengitis the liver may be considerably enlarged. There is tenderness and pain in the region of the gall bladder, and the pain may be mistaken for gastric pain, even though it is located over the liver. Not infrequently it is of a colicky nature, extending to the back and under the right shoulder blade. As already intimated, the jaundice may be absent or slight, or it may be marked. As time goes on the gall bladder dilates and its muscular structure becomes thickened, as does its serous coat, and there is formed a palpable tumor located at the outer margin of the rectus muscle. This tumor blends insensibly above with the liver. It may be more or less mobile, depending upon whether or not adhesions have formed between it and the liver. It moves with respiration and is held down during expiration.

Tumors of the gall bladder have been mistaken for hydronephrosis, cysts of the ovary and echinococcus cysts of the liver. Whatever may be the cause of the inflammation, the indications are to open the gall bladder, suture it to the abdominal wall and drain it. If a suppurative process involves the hepatic ducts, these should be drained also. The mortality in acute suppurative cholcystitis is bound to be high.

The following case shows some of the difficulties that the practical surgeon has to contend against in dealing with this condition:

Case 2.

Patient, æt. 40. There is a history of indigestion of the gaseous type extending back over a period of years. He was greatly benefitted by a stomach specialists who put him upon an exclusive meat diet. I was called to see him on December 20, 1905. He had then been under the care of another physician for some days, and gave a history of a sudden severe pain in the region of the stomach and gall bladder, which, after a few hours, forced him into bed where he remained until his death. The pain was soon followed by a temperature and localized tenderness on deep pressure over the pylorus, duodenum and gall bladder. Three days after the onset of his symptoms he had a hard chill, which was followed by a fever of a septic character. A blood count was made immediately after I saw him and repeated daily, the leucocytes ranging from 10,500 to 12,500. The question of gastric or duodenal perforation naturally suggested itself.

On December 30, 1905, an exploratory incision was made and extensive adhesions found about the pylorus, with contraction of the gall bladder. The adhesions were broken up, the gall bladder was opened and drained, and the stomach explored, as well as the appendix, the subprhenic regions, the spleen, the entire liver and the kidneys. It did not seem as though there was sufficient pus in the gall bladder to account for his marked pyæmic symptoms. Strips of gauze were left behind, packing away the raw areas. The patient stood the operation fairly well, and was returned to his bed in better shape than I had hoped for. The temperature dropped to normal and remained normal for seventy-two hours, when he was seized with another chill. Within twenty-four hours it went up again to 104° F. It was evident that a secondary abscess had formed somewhere. Accordingly he was again placed upon the operating table, when an abscess was found between the liver and the diaphragm, which was opened and drained through a stab wound in the back. Unfortunately, the adhesions being slight, this abscess ruptured into the general peritoneal cavity and general infection occurred, although the temperature again dropped to normal and remained practically so for twenty-four hours. He lived for seventy-two hours after the second operation, and then died from what seemed to be aseptic meningitis. His temperature immediately before his death reached 107° F.

In contrast with the foregoing case I desire to record case No. III.

Mrs. S., æt. 28. She came to me in January of 1903. She had had one miscarriage four years before consulting me. Husband admits having gonorrhœa previously to marriage. She had not been well for four or five years, having suffered a great deal of pain in the region of the pelvis which was reflected to region of the umbilicus. She flowed profusely and was in every way miserable.

On January 10, 1903, I did a divulsion and a curettage. The abdomen was then opened in the Trendelenburg posture. The appendix was thickened and adherent, and was, therefore, removed. There was a double hydrosalpinx, the ovaries being mere shells. The appendages of both sides were removed. There was a fibroid tumor the size of an orange springing from the fundus, which was also removed, the dep cavity resulting being partially cut away and closed with interrupted catgut sutures. The uterus was then fastened to the abdominal wall by sutures passed through the cornua

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of the organ. The patient recovered nicely, and on June 9, 1904, she wrote me that she was perfectly well and that she was enjoying life in every way.

In September, 1905, she again came to me stating that eighteen months after her first operation she was taken with a severe pain in the region of the gall bladder with all the symptoms of biliary colic. This pain only subsided to occur at frequent intervals for some weeks. It then changed in character, and soon after she took food there would be gaseous distension, frequently nausea and vomiting, and intense distress in the region of the gall bladder. These symtpoms increased in severity, until she came to me. On September 1, 1905, I explored the stomach, the gall passages and the duodenum. All of the organs were in a perfectly normal state except the gall bladder, which was greatly distended with a fluid as clear as water and somewhat viscid. There could be felt deep down in the cystic duct a stone the size of a small cherry, which completely occupied the duct, and prevented the passage of fluid either downward or upward. The gall bladder was as tense as a drum, and doubtless the pain was caused by the tenesmus of the bladder when food was taken into the stomach. The gall bladder was delivered through the upper angle of the wound and emptied by means of an incision, when the stone was pushed up by the finger and delivered. Almost an inch of the fundus of the gall bladder was then cut off, and the opening closed by a running catgut suture and interrupted silk Lembert sutures. The abdominal wound was closed without drainage. The patient never had a bad symptom after the operation, and is at the present time perfectly well.

The gall bladder in this case had sterilized itself, so to speak, and I felt justified, because of the healthy appearance of its mucous membrane, and because of the evident inocuousness of its contents, to close the opening into it, and save the patient the distress incident to drainage. In doing this I took some chances, and I am not sure that I did wisely. I am inclined to think that were I to operate upon a similar case I should work along safe lines and institute drainage.

The condition from which this patient suffered is known as "hydrops of the gall bladder," and results from obstruction of the cystic duct. The gall bladder nearly always contains a clear fluid, The walls of the viscus may become as thin as paper. The condition may exist for an indefinite period without distressing symptoms. There is usually no passage of calculi, no jaundice and no swelling of the liver. The patient may be the first to detect the presence of a tumor. More careful exploration will reveal Reidel's tongue-shaped lobe. While the contents of the gall bladder thus distended are usually sterile, it must be remembered that the fluid may become infected at any time through the blood. There may, however, be intense pain, as there was in this case, which is undoubtedly caused by the spasmodic contraction excited by taking food into the stomach. If the obstruction is due to a stone the calculus is usually of light appearance and is composed largely of cholesterin.

The treatment is necessarily surgical. The fluid should never be drawn off by means of an aspirator. The abdomen should be opened and either cystotomy or cystectomy performed.

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CEREBRAL TRAUMA A CAUSE OF HEMOPHILIA.

BY FRANK B. SEITZ, M. D., BUFFALO, N. Y.

In presenting these five cases of secondary nasal hæmorrhage, it is my intention not only to show that they will sometimes occur most unexpectedly and under greatly varying circumstances, and in spite of all precautions; but to call to your attention the effect of cranial trauma in producing an excessively fluid or non-coagulable state of the blood so that bleeding occurs on the slightest provocation. Must we not recognize cranial trauma as a potent factor in producing a hemophiliac condition? Is there such a condition as cranial trauma hemophiliac? When the text-books candidly state that "The pathology of hemophilia is little understood," we not only have the right but we are forced to delve into all sorts of theories and cite cases to illustrate, and, if possible to prove our various conclusions.

The peculiar anatomy of the nasal cavity renders it exceedingly liable to hæmorrhage. The unyielding bony and cartilaginous support, the rich vascular supply with intimate anastomosis, the absence of that muscular backing, which in other places permits a vessel to mitigate force or to sink into a softer bed, and by contraction and retraction close a wound in a severed vessel are some of the reasons why bleeding occurs so readily from the nasal cavity. Vicarious epistaxis will not be discussed, except to mention that its coincidence (and coincidence will explain many medical paradoxes) may account for an otherwise inexplicable nasal hæmorrhage.

Case 1. Chas. D., age 40, banker, was operated for deviated septum. The case progressed nicely until six days after the operation; when about to arise, a flow of blood occurred from the nose so profuse it had to be plugged. On removal of the plug two days later, another hæmorrhage ensued, requiring more plugging, so that there was a tampon in his nose for two weeks after the operation. I cannot account for the bleeding six days after cutting. Was it the loosening or absorbtion of a clot in a diagonally cut artery? Did the sawing and cutting to a sensitive gentleman constitute cranial trauma?

Case 2. F. A., age 40, buyer, just in from three days on the train, had the right and left lower turbinals cauterized. Went to the Falls in the afternoon when bleeding began, and continued during the night on the train to New York. I have never before had hæmorrhage from cautery. Did the three days on the train constitute trauma enough to produce a hemophiliac condition?

Case 3. Charlotte S., age 18, was operated for deviated septum, April 15, 1905. On the 20th, I was hurriedly called for because she was bleeding.

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The plug had slipped into the pharynx during sleep, causing hawking, gagging and coughing followed by bleeding. A fresh plug stopped the bleeding. Here is another who bled sometime after cutting. If a hemophiliac at the time of operating she would have bled at once. Removal of packing the second day results in some oozing, but not such profuse hæmorrhage as in here and case 1. As she was very anæmic and depraved in nourishment from lack of oxygen (she never breathed through the right nostril), did the operation constitute sufficient cranial trauma to produce a hemophiliac condition?

Case 4. John B., age 40, painter, fell from a ladder one year before; struck on his face and had a severe epistaxis. I found a ledge on the left side. Sawed it off. Such profuse, persistent bleeding I never saw. Three or four plugs were washed out before it was controlled. He soon apparently recovered, but in two weeks developed a choked disc, followed by double orbital cellulitis, from which he died. Here is a definite history of cranial trauma, and an unmistakable case of hemophilia.

Case 5. John G., age 19, an overgrown farmer boy of 17, measuring 6 ft. 2 in., was kicked in the right temple by a horse, May, 1905. The immediate result was very slight, but from then on he had frequent epistaxis, and, later, atrophy of the left optic nerve. August 15, I was called to plug his nose to stop one of his bleeding spells brought on by playing ball. In spite of complete rest in bed, tonics, styptics and tampons, epistaxis of unbelievable quantities of watery, non-coagulable blood would occur, until from sheer exhaustion, unable to recuperate, he, a young man of fine physique, succumbed to what I believe to be the remote effect of being kicked on the temple by a horse; a shock to the cerebrum which disorganized the cohesive properties of the vital blood plasma.

Why will one patient bleed more or more readily than another? There must be something lacking in the chemical cohesion. We are taught that the suprarenal glands' secretion controls coagulability. The brain controls the suprarenal glands. Cannot a blow, a shock, a trauma to the head disturb this controlling faculty and the result be disintegration or non-cohesion or non-coagulability? In conclusion, cannot cranial trauma be considered one of the causes of hemophilia?

Obstetrics.

HOMŒOPATHIC TREATMENT OF THE NAUSEA AND PTYALISM OF PREGNANCY.

BY JULIA GREEN, M. D., WASHINGTON, D. C.

Correct use of the homœopathic materia medica is an immense boon to the pregnant woman, and pregnancy seems to put the physical economy into a state especially responsive to medication.

The nausea of pregnancy, from the mildest form to the most violent and dangerous, has been controlled permanently, over and over again, by the potentized remedy which suited the whole case. This remedy may be found anywhere in the materia medica; there is no such thing as dividing remedies into absolute classes for this affection and that; one must be willing to look outside the lists as well as in them, being guided, many more times than not, by symptoms not related at all to the digestive system, but indicating the individuality of the patient.

For convenience, however, as a starter in the search for the similimum, the ninety-seven remedies, which, according to Hering, Guernsey and Kent, are useful for the nausea of pregnancy, are divided into grades, and the three highest discussed somewhat in lists.

In the highest grade Hering and Kent agree in placing six remedies, Arsenicum, Kreosotum, Lactic acid, Nux vomica, Sepia and Tabacum, while another classifier, who is a lecturer in obstetrics, would place here also Carbolicum acidum, Ipecac and Sulphur. Nux vomica being the only remedy in this last list common to the other two.

A large portion of the indications here given are taken from Guernsey's Obstetrics, where may be found a long list of remedies for their trouble.

The Nux vomica patient is thin, sallow, wiry, of sedentary habits; cross and irritable, wishes to be alone; cannot enjoy reading or conversation; great depression of spirits, especially with the nausea and vomiting in the morning; canine hunger with aversion to water and bread, longing for beer, brandy, etc.; bitter or sour taste; belching, hiccough, heartburn; vomiting of food, bile, black or sour matter; restless sleep, especially after 3 A. M.; cannot bear the odor of tobacco; food and drink have fetid odor; putrid taste low in the pharynx when hawking up mucus; nausea and vomiting every morning with constipation; large, difficult fæces; painful urging to stool and to urinate; over-sensitiveness to all impressions, especially in patients addicted to much tea and coffee, or much mental labor.

Closely related to Nux vomica and a deeper acting remedy is Sepia, which has vomiting of milky water or milky mucus; sense of emptiness at the pit of the stomach; the thought of food sickens her; a sense of weight in the anus; eructations tasting like spoiled eggs; taste as of manure; aversion to meat; in the morning, nausea as if all the viscera were turning inside out; inclination to vomit in the morning when rinsing the mouth; cannot take a ride in the morning on account of nausea; taste bitter or saltish; disgust for all kinds of food; smell of food nauseates.

Asarum, Kreosotum, Lactic acid and Tabacum, which are placed in the first rank by Hering and Kent, are not mentioned by Guernsey at all.

Asarum has nausea, eructations and vomiting with all the peculiar sensitiveness of the drug; nausea with loathing and shuddering; with pressure in the forehead and salivation; with laziness and want of thinking power; retching increases in violence in proportion as it becomes more frequent, with lachrymation; hunger in the morning; eructa-

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tions frequent, empty, reaching only the upper part of the chest; vomiting with anguish, with great exertion; of sourish water, of scanty, greenish, sourish fluid in paroxysms; thin strings of odorless mucus pass from the bowels.

The Kreosotum woman will be very irritable, have profuse hæmorrhages from small wounds, even a pin prick, and have discharges which are offensive and extremely excoriating; raw, burning discharges and raw, burning surfaces; nausea with burning in the mouth; retching in the morning; fasting; urging to vomit but nothing but saliva results; burning in the stomach after eating, and then a sense of fulness and an increased nausea, ending in vomiting of food undigested, but sour and acrid; constant nausea even after emptying the stomach; vomiting of sweetish water with chilliness morning and evening; after a swallow of water a prolonged bitter taste; aggravation from cold food and relief from warm.

The Lactic acid patient will be greatly discouraged during pregnancy, with aversion to things formerly pleasant and impairment of memory, faultfinding and exacting; nausea in pale, anæmic women whose menses are too profuse; morning nausea like seasickness with headache; worse from any motion; constant; after eating, copious saliva; water brash with continued profuse discharge of saliva; faintness in the stomach passes off leaving nausea.

Carbolicum acidum is useful for the vomiting of pregnancy with violent frontal headache, as if a rubber band were bound around the forehead or stretched from one temple to the other; nausea while eating a little breakfast, with shuddering and frequent spitting; sometimes the white, creamy vomitus smells of carbolic acid; empty, gone feeling instead of hunger, with fulness in the throat and constant desire to swallow.

The Tabacum nausea is familiar with its vertigo, pale face, coldness in the stomach, faintness, cold sweat; deathly nausea like seasickness; violent vomiting; all the symptoms spasmodic.

Ipecacuanha has one continual sense of nausea all the time, not a moment's relief; vomiting of large quantities of mucus; diarrhœa and colic; disgust for food, empty retching; vomiting of food, slime or blood; sour vomiting; cutting pains about the umbilicus.

Sulphur has profuse salivation, the taste of which causes nausea and spells of vomiting; all the trouble seems to be caused by the nauseous salivation; flashes of heat; heat on the vertex; cold feet; short sleep at night, waking frequently; profuse waterbrash; aversion to meat and craving for brandy; bitter, saltish or sour taste.

So much for the remedies placed by three classifiers in the first rank. In the second Hering puts Antimonium crudum, Antimonium tartaricum, Bryonia, Colchicum, Conium, Helleborus, Iris, Jatropha, Kali carbonicum, Lac cannium, Lachesis, Lobelia, Lycopodium, Magnesia carbonica, Magnesia muriatica, Natrum muriaticum, Nux vomica, Oxalic acid, Petroleum, Phosphorus, Psorinum, Pulsatilla, Silica, Sulphuricum acidum and Veratrum.. Kent adds to these Arsenicum, Carbo animalis and Symphoricarpus, while the third grouping adds Ferrum. Considering some of these as nearly as possible in the order of general familiarity with them, we have:

Pulsatilla: Pulsations in the pit of the stomach; vomiting of mucus; bad taste in the mouth every morning on awaking, she has to wash it out soon it is so bad, she cannot bear it; nothing tastes good to her; absence of thirst; she does not relish as much water as usual; nightly diarrhœa, stools changeable; loss of taste, or bitter, sour, fatty or sweetish taste.

Phosphorus: Very weak feeling in the abdomen; heat up the back; constipation with narrow, long, hard, dry fæces, difficult to evacuate; or profuse, watery diarrhœa, pouring away as if from a hydrant; sour eructations and sour vomiting; vomits food as soon as it gets warm in the stomach; saltish, sour or sweetish taste.

Natrum muriaticum: Waterbrash like limpid mucus, profuse and constant; always awakens in the morning with headache; craves salt; strong aversion to bread; clawing in the pit of the stomach; feeling of great hunger as if the stomach were empty, but no appetite; heartburn always after eating; very much nausea, particularly in women using much salt food; dreams at night of robbers, must have the house searched in order to be satisfied; loss of taste, or flat, bitter or sour taste; palpitation with heartburn.

Silicea: Hunger but cannot get the food down, it is so nauseous; prolonged after taste of food; nausea with violent palpitation of the heart; nausea after every exercise that raises the temperature of the body; constipation as if from inactivity of the rectum, the stool receding after partial expulsion; taste of blood in the morning; loss of taste; aversion to meat.

Kali carbonicum: Very sleepy during a meal; nausea as if she would faint, relieved by lying down; vomiting with swoon-like failing of strength; much colicky pain in the abdomen of a stitching character; disgust for food; sickness of pregnancy without vomiting, coming on only during a walk, feeling as if she could lie down anywhere and die.

Lycopodium: Much rumbling and working in the abdomen; gurgling in the left hypochondrium; sensation of satiety on account of which she cannot eat; red sand in the urine; great pain before urinating and relief as soon as the urine begins to flow; immediately after a meal sensation of fasting, but no hunger; much heat in the face after eating; heartburn in the stomach, the acidity rising into the throat; after eating pain in the region of the liver and palpitation of the heart; vomiting of sour matter or of bile; aversion to bread; varices.

Antimonium crudum: Nausea and vomiting, or only nausea, with white-coated tongue; watery stools with occasional hard lumps; frightful vomiting with convulsions; belching with taste of what has been eaten; thirst at night; painful sense of fulness of the stomach which is sore on pressure.

Bryonia: Nausea on waking in the morning, usually relieved by keeping quiet; dry, parched lips, dry mouth and tongue; splitting headache; vomit-

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ing of food immediately after eating, desires to keep still; worse on sitting up, even sitting up in bed, after being angry, in warm air, from warm weather or warm food; better in cool weather or from taking cool food.

Conium: Vertigo, particularly on turning over in bed; terrible nausea and vomiting in women having scirrhosities; always worse after going to bed, is obliged to sit up or walk about to get relief; bitter taste.

Nux moschata: Mouth, tongue and throat very dry so that they stick to one another, particularly at night; sensation of fulness of stomach, with tightness of breathing; disposition to faint; great sleepiness.

Petroleum: In women affected with diarrhœa only in the daytime; nausea when riding, she cannot ride in a carriage; flat or sour taste; vomiting of bile; aversion to fat food and to meat.

The third class gives the following remedies in addition: Aconite, Ailanthus, Anacardium, Castoreum, Cimicifuga, Codeine, Kali bichromicum, Lilium triginum, Platinum, Plumbum and Tarentula.

Often some peculiar symptoms or group of symptoms will lead to the investigation of a remedy as—

Iodium: Continual empty eructations from morning till evening, as if every particle of nourishment were turned into gas; does not gain strength from her food.

Magnesium carbonicum: All symptoms aggravated every third week; much sour taste and sour vomiting; eructations tasting of rotten eggs; roughness, stinging or burning in the throat with desire to vomit.

Magnesium muriaticum: Eructations tasting like onions; fainting nausea succeeded by coldness and weakness in the stomach and gulping up of water.

Moschata: Violent eructations tasting like musk, sometimes like garlic; sight of food makes her sick; heartburn and palpitation.

Nitric acid: Much nausea and gastric trouble relieved by moving about or riding in a carriage; excedingly strong urine like that of horses.

Phosphoric acid: Sensation as if the stomach were being balanced up and down; nausea seems to be in the palate or throat.

Zincum: Taste of blood and sweetish rising; terrible heartburn after sweets; canine hunger, cannot eat fast enough.

China: Sensation of tight bands; abdomen feels full and stuffed, even with diarrhœa and passage of much urine.

Causticum: Sickened by phlegm in the throat, which she cannot get up; sensation of lime being burned in the stomach.

Sulphuric acid: Coldness and relaxed feeling in the stomach with tremulousness and weakness; impelled to do things hurriedly.

Codeine: Tenderness of the stomach with violent pulsation of the heart and arteries; violent retching on attempting to move.

For the ptyalism of pregnancy there would seem to be only six remedies listed: Acetic acid, Antimonium tartaricum, Coffea, Helonias, Kreosotum and Lactic acid. The last two, already considered, have the highest rank. Under Antimonium tartaricum may be found salivation with a qualmish filthy taste; tasteless water runs out, with retching and bringing up of a little clear mucus. The other three simply mention salivation. The symptoms given here show that Sulphur and Natrum muriaticum should be very useful for this affection. Ipecacuanha has been known to cure bad cases of it, even without nausea, and Guernsey states that Sabadilla has the frequent spitting of insipid water; sweetish taste; no relish for food until the first morsel is taken, then makes a good meal. He mentions also Staphisagra with very saltish tasting saliva, and tartarum emeticus.

In addition to prescribing the right remedy, it is often advisable, in cases in which food is rejected, to give the long-suffering stomach a much needed rest; many times after such a rest the appetite will be natural and the food retained.

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Practice of Medicine.

PRACTICAL LABORATORY DIAGNOSIS.

BY GREGG CUSTIS BIRDSALL, M. D., WASHINGTON, D. C.

ARTICLE III.

Sputum.

Everything spit from the mouth does not constitute the pathologist's idea of sputum. Some patients send saliva or muco-pus from the naso-pharynx, and expect the examiner to find tubercle bacilli in it. The fallacy of this is plainly seen, and it is necessary, therefore, that physicians instruct their patients when ordering a specimen of sputum to be sure that it consists of mucous coughed from the larynx and bronchi. This sputum should be deposited in a small, clean vial containing no liquids or disinfectants. When examining I place the sputum in a flat glass dish, and with small forceps search for the white, cheesy masses which generally contain the tubercle bacilli in large numbers. These, with a small piece of muco-pus, I rub thoroughly between two glass slides, making a very thin film, and allow to dry in the open air. In another slide I examine some moist sputum to determine the variety of epithelia present, the amount of blood and the presence or absence of Curschman's spirals and Charcot-Leyden crystals. Curschman's spirals appear as yellowish white masses resembling a spiral in form. The spirals consist of a delicate net-work of mucus shreds containing epithelia and leucocytes. These spirals appear in true bronchial asthma, and are usually accompanied by Charcot-Leyden crystals, which resemble double pyramidal needles.

For staining the tubercle bacillus I use the carbol-fuchsin method. After the film has been fixed by passing the slide through a flame three times, apply the fuchsin (1) and allow it to steam over a flame for three minutes; rinse with distilled

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water and decolorize with a twenty-five per cent. solution of nitric acid; rinse again, and decolorize with ninety-five per cent. alcohol.

After the alcohol has been well rinsed off apply Lœffler's methylene-blue (2) for one minute, then rinse and dry the film. The tubercle bacilli will appear as red rods; everything else is blue.

When the sputum is very thin, I centrifugalize it and stain the sediment. If it consists of viscid muco-pus, liquify with a little liquor potassæ and centrifugalize. Tubercle bacilli will often be found in this manner when other methods fail.

The presence of pneumococci, streptococci and staphylococci may be determined while examining for the tubercle bacillus, and are stained blue. It is not necessary to use but the Lœffler's blue if examining only for these last mentioned organisms.

I consider the presence of staphylococci and streptococci in the sputum of quite some importance, for in many cases where no tubercle bacilli are present, if these organisms are found, the case should be looked upon as a favorable subject for tuberculosis and proper treatment instituted at once. I have observed a number of these cases, and nearly all, except those who have taken proper climatic treatment in time, have developed phthisis.

Another prognostic sign is observed in the size of the tubercle bacilli. Large, unbroken bacilli, lying singly, generally denote slow progress of the disease; when the tuberculous process is active, the bacilli are small, appear to be broken and found in groups.

The inoculation of guinea pigs with sputum is a method of diagnosis used by some when the tubercle bacilli cannot be demonstrated by the microscope. With a sterile syringe the sputum is injected into the peritoneal cavity, and an autopsy held over the remains of the guinea pig, in about six weeks, reveals the presence or absence of tubercular peritonitis. Inoculation is used more in the diagnosis of tubercular abscesses and exudates, which we will consider later on.

Elastic fibers in the sputum are not so often found as would be supposed. Their presence denotes the destruction of lung tissue. To determine their presence add twice as much liquor sodi to a given amount of sputum and boil for twenty minutes; cool and centrifugalize. If elastic fibers are present, they will be seen under the microscope as curly fibers. A longer method is to dry some of the sputum and use Weigert's elastic tissue stain, decolorize with a three per cent. hydrochloric acid solution in sixty per cent. alcohol.

Feces.

The presence of pus, blood or mucus in the stools is quickly noticed by the patient, and a physician is hastily consulted, but the patient cannot observe the numerous pathological organisms for the presence of which the physician should be ever alert. Among these is the amœba coli, which it has been demonstrated accompanies dysentery. When at rest it is generally circular or ovoid in shape, and within the protoplasm are two or three vacuoles surrounded by fine, dark granules. Its locomotion is by means of a pseudo-pod, which it projects from the side or end.

Of the tape-worms usually found in this country the tænia saginata is the most common, and the appearance of its segments is well known. When suspected, an examination of the fæces is decisive, for the ova are found in the stools, and are oval in shape. They are dark brown in color, and appear to be enveloped in a distinct membrane.

The ascaris lumbricoides—small white worms commonly seen in children—often cause many reflex symptoms. Its ova appears yellowish brown and coarsely granular, having a tough capsule.

The oxyuris vermicularis—commonly called pinworms—often produce a troublesome pruritis ani, especially at night. They are smaller than the lumbricoides and white in color.

Tumors in the intestines can occasionally be diagnosed by shreds in the stools, but this is quite uncertain, and I have often been disappointed at not finding them in cases where ulceration had actually taken place.

Gastric Contents.

The subject of diagnosis of stomach diseases is so broad in extent and so important that I can only give here a brief outline of the methods used.

In order to ascertain the stomach secretion it is necessary to stimulate the stomach functionally, and to achieve this end a test meal (Ewald's) is given in the morning before breakfast. It consists of a glass of water and a slice of bread or a bread roll without butter, and one hour after taking, the stomach is emptied by means of the stomach pump.

Free acids are detected by means of Congo red paper, which turns blue if the test is positive, and indicates the presence of either hydrochloric, lactic or the fatty acids. Litmus is of no value, as the contents are practically always acid. If hydrochloric acid is present in an appreciable amount, lactic acid will not be found. If the Congo red reaction is negative, pepsin digestion may be excluded at once, as pepsinogen acts only in the presence of a free acid.

Hydrochloric acid is detected by the use of a few drops of a one per cent. solution of dimethyl-amido-azo-benzol, a cherry-red color developing if present.

Lactic acid is detected by shaking together equal parts of gastric contents and ether, allow to settle and decant the ether. To this ether add an equal quantity of distilled water and a few drops of a ten per cent. solution of ferric chloride, and, if lactic acid is present, a green color appears.

Pepsinogen is determined by noting the rapidity of digestion of a small piece of coagulated egg albumen immersed in the stomach contents and at the body temperature.

Chymosin, the milk-curdling ferment, is also to be looked for, and is determined by the rapidity with which the gastric contents coagulate milk, provided hydrochloric acid is present.

I shall not discuss the methods of quantitative estimation of the different acids, both free and combined, as the length of this paper will not permit.

Hypochlorhydria (diminished hydrochloric acid) is found in cases of subacute or chronic affections

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where there has been more or less drainage to the secreting glands. In these cases, as a rule, pepsin digestion is slight because of the lack of free hydrochloric acid, that which is excreted being taken into combination with the food. Pepsinogen may be secreted in normal amount, but without the free hydrochloric acid it is practically useless. This is the condition generally found in the ordinary case of indigestion.

Anachlorhydria (absence of hydrochloric acid) exists in almost all cases of advanced chronic gastritis, and in many nervous and hysterical conditions. While there is no hydrochloric acid in most cases of carcinoma of the stomach, its absence is not absolutely diagnostic of that disease.

It has been observed that many cases of gastric ulcer are both preceded and accompanied by hyperchlorhydria (excess of hydrochloric acid).

Lactic acid in the gastric contents when found on repeated examination is always suspicious of carcinoma. It often appears in cases of dilated stomach where the food is undergoing fermentation and disappears after the food is removed, whereas it remains if carcinoma is present When I find lactic acid in the gastric contents I generally corroborate the diagnosis by a blood examination.

Pus.

Practically the only reason for examining pus is to determine its cause. The technic is simple. Make thin films on cover-glasses or slides the same as for blood, and stain for two minutes with either eosinate of methylene blue, one per cent. solution in absolute methyl alcohol, or with Lœffler's methylene blue (2). Before staining always fix the film by passing it slowly through a flame three times. The above stains will show the streptococcus, staphylacoccus and anthrax. If examining for the tubercle bacillus use the method described under sputum. When examining for the gonococcus a special method of staining is necessary. Prepare a saturated solution of aniline oil in distilled water, filter and add gentian-violet sufficient to make a one-half of one per cent. solution. Stain the specimen for two minutes; rinse in distilled water and decolorize with Lugol's solution (3) for three minutes; rinse again and decolorize with alcohol. The film is then rinsed and counter-stained with a one per cent. solution of Bismarck brown for two minutes. Rinse and dry. All diplococci which are stained brown are gonococci, all other forms of diplococci are violet.

Milk.

How easy it is with all the laboratory resources now at our command to make an examination of the mother's milk if the child is not doing well, and determine whether there be too much proteid or too little fat, or too much sugar and a proper change in diet will probably remedy the whole trouble.

Normally, there is in human milk about seven per cent. of sugar, four per cent. of fats and one and a half per cent. of proteid.

I find the most common derangement to be a decrease in fat and an increase in proteid. One precaution to be taken in gathering the milk for examination, don't take the sample too soon after the baby nurses.

Notes.

(1) Carbol-fuchsin solution:
Fuchsin, 1 gram.
Carbolic acid, 5 per cent. solution in water, 100 c. c.
Absolute alcohol, 10 c. c.

(2) Lœffler's methylene-blue solution:
Saturated alcoholic solution of methylene-blue, 30 c. c.
Aqueous solution of potassium hydrate, 1 to 10,000, 100 c. c.

(3) Lugol's solution:
Iodine, 1 gram.
Potassium iodide, 2 grams.
Aqua distillata, 300 c. c.

SMALL-POX IN TRENTON.*

BY A. S. FELL, M. D., TRENTON, N. J.

On assuming the duties of health officer of the city to which office I was appointed some six years ago, and in trying to familiarize myself with the duties of the office, there was one thing that stood out more prominently than anything else and immediately attracted my attention, and that was the small-pox situation throughout the country.

In looking over the daily papers, medical journals and reports from the Marine Hospital at Washington, I could not fail to recognize the fact that small-pox had secured a foothold in the United States, and was rapidly spreading to all parts of the country despite the work of the different health departments in trying to check it. I further could not help but recognize the fact that if the epidemic kept on as it had started in other sections, it would be only a question of time before we would have it in our midst, and it behooved us to do something in the city of Trenton to prevent its obtaining a foothold, or, if it did get started here, to hold it in check. The question then arose as to what measures should be adopted to keep the dread disease out of the city, for dreaded it was, and by nine-tenths of the laity despite any assurances on the part of the physicians or health authorities. It was the opinion of the health authorities that there was in reality only one thing that could be done, and that was to start a campaign of vaccination. It is a well recognized fact that small-pox occurs in cycles, as it were, that is, about every ten years we have a visitation, and this is due, I believe, to one fact alone, and that is that our people neglect to have the new born children vaccinated or be revaccinated themselves at intervals as a matter of precaution. Our campaign of vaccination consisted of interesting the newspaper men of the city in the matter, which was very readily done; they are all men of intelligence, and when the matter was presented to them with all the facts in the case they very readily consented to co-operate with our department in giving the matter as wide publicity as passible. We

*Read before Hahnemann Clinical Club.

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also succeeded in interesting the school authorities in the matter, and received their hearty co-operation in enforcing the compulsory vaccination law as it applies to children who attend schools. The health department of the city talked vaccination morning, noon and night, day after day, week after week, and month after month, for over two years in anticipation of an outbreak, and in the meantime offered free vaccination to all who would accept. Thousands were vaccinated at the city hall, and other thousands were vaccinated by physicians in their private practice, and we had succeeded in having practically all the children who attended the public schools vaccinated, so that when the first outbreak came, as it did on December 20, 1901, we felt that we had done all that was possible to prevent the disease from spreading or becoming a widespread epidemic.

I shall never forget my sensations when the first case was reported. Cold type cannot express them. I was at the McKinley Hospital at the time, when word came that I was wanted by the health department. I immediately called them up and found that a case had been reported from the Italian district. Upon investigating the case, I found that it was an Italian about 40 years of age, who claimed to have been vaccinated in childhood and not since. He had been treated by a physician for what he called "blue fever." The eruption had been out for at least a week before our department was notified, and the case had advanced so far that I felt sure others in the house would develop the disease a few days later. There were three other adults in the house, who had been vaccinated in childhood, and six small children who had never been vaccinated at all. The case was immediately removed to the hospital, and the nine others in the house isolated on the hospital grounds. The three adults escaped the disease, but all six children developed it, and three of them died, one from black small-pox.

During the first outbreak, which, as I have stated before, commenced on December 20, 1901, and contined until July, 1902, we had thirty-nine cases and four deaths.

The second outbreak occurred on December 30, 1902, and continued until June, 1903, in which time we had ten cases and no deaths.

The third outbreak occurred on December 30, 1903, and continued until about May, 1904, during which time we had forty-six cases reported, of whom eight died.

I have prepared a summary of the cases for the three years showing the age, sex, race, nativity, whether or not they have ever been vaccinated, and where the disease was contracted, which I beg to submit.

From 1 to 10 years of age	21 cases.
From 10 to 20 years of age	11 "
From 20 to 30 years of age	28 "
From 30 to 40 years of age	17 "
From 40 to 50 years of age	11 "
From 50 to 60 years of age	6 "
From 80 to 90 years of age	1 case.
Total	95 cases.

The sexes were divided as follows:
Males, 59; females, 36.
The races were divided as follows:
White males, 52; white females, 36.
Colored males, 7; colored females, 0.
According to the different nationalities we find the ninety-five were divided up as follows:

Italy	8
United States	48
Ireland	21
England	14
Germany	4
Total	95

A rigid inquiry into the question of whether or not a patient had ever been vaccinated, and if so, whether it was successful, was made when a case was reported and investigated by myself and before they were sent to the municipal hospital. This inquiry revealed the faet that out of the ninety-five cases, sixty had never been vaccinated at all; thirty-five, all adults, had never been vaccinated since childhood, and then not all successfully. Out of all the cases we had during the three years' outbreak, we never had a case of small-pox, mild or severe, where a patient had been recently and successfully vaccinated, which I think speaks volumes for the efficacy of that mode of prevention.

As far as learning how and where each of the patients contracted the disease was concerned, it was not always an easy matter to find out, but we always endeavored to do so, and with the following results:

24	didn't know how nor where they contracted it.
23	contracted it from other cases in a house.
18	contracted it in Philadelphia.
9	contracted it in New York City.
8	contracted it in New Brunswick.
2	contracted it in Princeton.
2	contracted it in Newark.
2	contracted it in Elizabeth.
2	contracted it in Lawrence Station.
2	contracted it in Jersey City.
1	contracted it in Long Branch.
1	contracted it in Camden.
1	contracted it in Bordentown.

Total, 95

On the occasion of the first outbreak in December, 1901, the question of how the disease could best be handled was a perplexing one, from the fact that no one connected with the department at that time had ever had any experience in handling an outbreak, except the then president of the department, and he had handled it only in the capacity of a physician and not as an official charged with the duty.

In the light of present events and experience acquired during the three year outbreak, our method of handling the disease during the first year was cumbersome, very expensive and entailed a whole lot of unnecessary labor on everybody connected with the department of health. The method briefly stated was this: when a case was reported by a physician it was immediately investigated, and if found

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to be true small-pox, everybody found in the infected house was vaccinated and then sent to the isolation building on the hospital grounds, and kept for eighteen days to await developments. The patient, of course, was put in a small-pox ward, which is located quite a distance from the isolation building. By this method you can readily see that when we had, say, twenty cases in the hospital, taking on an average of five to a family, we would have from eighty to one hundred suspects to care for, and as I said before, in the light of our present knowledge of the disease, this was wholly unnecessary, and not only entailed a whole lot of unnecessary work and expense, but kept a good many people away from their usual employment for nearly three weeks, and this meant the loss of just so much money to each individual.

After using this method for one winter, I decided to assume the responsibility of adopting another one with the permission of the board of health. I talked the matter over with the members in open meeting, and explained the advantages, as I believed, of the newer and more modern method of handling the disease, and tried to show them the defects in the system adopted the year before. After discussing the matter at length, the members of the board told me they would leave the matter entirely in my hands, and I might use my best judgment as to how the disease should be handled. You may rest assured that I entered upon the second year's campaign with a feeling of trepidation, knowing that if the new method failed to show the results anticipated, not only myself, personally, but every member of the board of health would be raked over the coals good and hard by the critics, who are ever ready to get their axes out when things are not done in the way they think they should be done. Fortunately during the second year we only had ten cases reported, and the method we used was as follows: When a case was reported, it was immediately investigated as before, but with this difference, if the patient had only been sick for, say, from three to five days, or, in other words, the eruption had only just appeared, or not been out over forty-eight hours, we removed him or her, as the case might be, to the hospital; vaccinated not only the other occupants of the house, but also all contacts whom we could get track of; destroying the bedding on which the patient had slept, by fire, and fumigated the house thoroughly with formaldehyde from cellar to roof. The occupants of the house other than the patient were then permitted to attend to their duties as usual, subject, of course, to a regular inspection by myself for at least eighteen days thereafter. When, of course, I found a patient who had had an eruption over forty-eight hours, I felt justified in not only sending the patient to the hospital, but also sending all other occupants of the house to the isolation building, for I felt reasonably sure that one or more of those who had been in contact with the patient would develop the disease, and I had no way of telling just who that one or more might be, consequently I had to send all and await developments. I may say right here that subsequent events proved that we were right in our deductions, and that the method adopted at the beginning of the second year was the right one, and the only one. It is, of course, a matter of judgment pure and simple on the part of a health officer who attempts to handle the disease in this way, for he must know the disease in all its aspects, how long the prodromal stage is, when the eruption appears, and how it changes from day to day, so that he may know with a certain degree of positiveness whether or not it will be safe to leave those who have come in contact with the patient at home or send them to the isolation ward. I tried to use my best judgment in the matter for the last two years of the outbreak, and am happy to be able to state that we did not fail once in discriminating the cases; that is, where we sent only the patient to the hospital there were no further cases, and where we sent not only the patient but all other occupants of a house, we usually had from one to four cases in addition to the original one. The board of health and myself were very harshly criticised in some quarters on the adoption of the last mentioned methods of handling the disease, but fortunately for us the results were so gratifying that it left no ammunition in our critics' hands, and we could afford to take it all in good part, for we had not only given a practical demonstration of the effectiveness of the method, but had saved the city of Trenton a great deal of money, and this is a consideration not to be forgotten when you are talking to a taxpayer.

I cannot speak in regard to the medical attendance of the patients only in a general way, for the board of health very kindly relieved me of that part of the work. I can only say that practically all of them were under the charge of a physician of the so-called old school, and the results he attained in handling the cases were not only gratifying to himself but also to the department of health. I doubt if anyone could have done better work be they of what school they may, and Dr. Hutchinson is certainly entitled to all the credit there may be attached too so onerous and unwelcome a duty as he had to perform in behalf of humanity.

If you will permit me I should like very much to cite a few cases, not from a medical point of view, so much, as from the fact that they presented some peculiar features that may prove as interesting to you gentlemen as they did to me.

The first case I will cite will be the one to which I alluded in the early part of this article, namely, as showing the good that was brought about by the co-operation of the school authorities in enforcing the law regarding unvaccinated children attending the public schools. The case as reported was a man, thirty-nine years of age, never vaccinated, contracted the disease in Philadelphia. The physician in attendance failed to report the case until the eruption had been out at least five or six days. I found in the house besides the patient four other adults who had never been vaccinated, and two little girls who attended one of the public schools and who had been successfully vaccinated the year previous in accordance with the edict issued by the board of education. I felt sure that all of the four adults would develop the disease, and that the two

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little girls would not; but as all the others had to go to the isolation ward, and there would be no one left to care for the girls, I was compelled to send them along with the others. Subsequent developments proved that our surmise was correct, for all four did develop the disease as was expected, despite the fact that they were vaccinated at the time I sent them out, while the two girls escaped the disease wholly. Could there be any better proof of the efficacy of a recent vaccination?

Case 2.—This was a young man of 28, single, and not the brightest one in the world, who went to a physician to see what was the matter, and after examination the doctor called me up and reported it as suspicious. The man was sent to the hospital the same evening. Inquiry as to his work revealed the fact that he was employed in one of the largest hotels in the city; had been broken out with the disease for two or three days, and kept right on working and mixing with everybody in the hotel. We could do nothing in this case but vaccinate the rest of the help and burn the bedding, which was done. There is nothing of particular interest in this case except the fact of the large number of people who were undoubtedly exposed to the disease, and so far as I was ever able to learn, we never had another case from it. This patient, subsequent to his discharge from the hospital, committed suicide by drinking carbolic acid.

Case 3 will prove to a certain extent by contention that it is not always necessary to send everybody who has been in contact with a case of small-pox, that is only forty-eight or seventy-two hours old, to a detention hospital eighteen days for observation.

This case was a man of 26, single; went from his boarding house to a hospital to find out what sort of a disease he had, and the resident physician recognized it as small-pox, and reported it by telephone. In looking up his residence, we found it to be a house containing somewhere between twelve and eighteen boarders, I have forgotten the exact number. This was during the first outbreak, when we were sending suspects as well as patients to the hospital, and at this time the hospital and isolation department were both filled to overflowing, and we were at a loss to know what to do with all the people. Finally we decided to quarantine them in the house. Guards were placed in the front and rear, and no one was supposed to go in or out except the health authorities; but I have learned since that the guards would go to sleep at night and then the people would roam outside. We kept these people in quarantine for the regular period, and not one of them developed the disease, and if I remember correctly, it cost the health department between $300 and $400 to keep them that short period. As subsequent events proved it was wholly unnecessary, and this was the one case in particular that so disgusted me with attempts at quarantine in homes, so that during the last two years we did not quarantine at all except to placard the houses, place the people on their honor not to go out or let any one in, and if they violated this trust we cleaned the house out as far as the people were concerned without delay.

Case 4 was an itinerant printer who contracted the disease in New York City, came to Trenton after the eruption had been out about forty-eight hours; went to a fashionable and well patronized apartment house; stayed there all one night; went to a hospital in the following afternoon and consulted the resident, who reported the case to me. He was removed to the hospital; the room in which he slept was fumigated, the bedding destroyed, several people in the house vaccinated, that is, of the employees, and I don't believe one of the boarders ever knew there was a case of small-pox in the house, because we never had another case from there elsewhere that could be traced to this particular case. This man developed black small-pox, and died about the eighth or ninth day of the disease.

Case 5 was a young married man in which the physician made a mistake in the diagnosis until it was too late to save others from the contagion. The wife, a young woman of 21, was pregnant, and was expecting to be confined within a week of the time I found them. I immediately vaccinated the wife, and also her mother, sister and one child of the sister's who were in the house, and sent them all to the isolation department for eighteen days. The curious feature of this case to me was the fact that the mother, having never been vaccinated before, the vaccination I put on her arm took well, yet despite this fact, eight days after her removal to the hospital she complained of all the characteristic prodromal symptoms of small-pox, and on the same day gave birth to a child. The child showed no evidence of having the disease, and never developed it there or afterwards. The mother's vaccination taking must have modified the disease to a very great extent, because she did not have the bad case of it she was entitled to have from never having been vaccinated previous to this time, and it was always a question in my mind whether or not the vaccination taking on the mother did not render the child immune for the time being. The eruption appeared on the mother within forty-eight hours after the birth of the child.

Case 6 will demonstrate, I think, to any one's satisfaction that small-pox in many instances is not nearly so contagious as the great majority of people believe. If it was, then we were entitled to have a whole lot more trouble with our three outbreaks than we did, for I can tell you candidly that many times when I have found the number of people who have come in contact with a case and have not known it I have quaked in my shoes at the possible outcome, but as I said before, this case will show as well as any one we had how little the disease spreads at times. A certain business man in this city whose place of business is frequented daily by numbers of people was reported as down with small-pox, and investigation revealed the fact that the report was true. I persuaded him that the better plan was for he and his wife to go to the municipal hospital; fumigate the place thoroughly; vaccinate his assistant, and then let the business continue. He was told that if he staid at home during the course of the disease, the house would probably be closed to the outside world for at least six to nine weeks. He knew that this would break up his business, and so

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consented to go, and his wife insisted on going with him. I then proceeded to vaccinate the wife. After getting everything ready preparatory to the operation, I told her to roll up her sleeve, she did so, and as I prepared to start I noticed an eruption on her arm that immediately attracted my attention. I asked her when she had been sick; she said if I remember rightly about four weeks previously, for two or three days only; this sickness was followed by an eruption which she thought followed the grippe, which she believed she had, and as she seemed so much better after the eruption came out she decided that it was unnecessary to consult a physician. From then on the disease must have run its regular course, except that it was in a mild form, for the eruption at the time I saw it was so characteristic that there could not possibly be any mistake as to the diageosis. This woman had not only had a great many visitors during the four weeks mentioned, but she had also been in her husband's place of business, and in contact with a great many customers, undoubtedly. She had also visited many stores in the city, as well as some relatives. I found on further investigation that the husband's assistant had been taken sick about two weeks before his employer's wife commenced to complain; was sick two or three days, which was followed by a slight shotty eruption on the forehead, but disappeared within a few days, so he said. He attributed it to the condition of his blood, and did not consult a physician. He had been successfully vaccinated when a child, and was at this time a young man of probably 24 or 25, so I felt that while he had undoubtedly had a very mild attack of varioloid, so mild in fact that he was hardly sick with it at all, yet it was the beginning of the trouble at this place. The peculiar feature of this case was that despite the large number of people who must have been in contact with the husband and wife and the assistant, we never had another case reported that could be attributed in the slightest degree to these people, which I consider exceptionally fortunate.

Cases 7 and 8 are very brief, and very sad. Two bright young men, both well known about town, beloved and popular, but unfortunately unvaccinated despite all our warnings for three years. Both were taken sick the same day, both were reported to the health department by the physicians in the cases within an hour of each other, both were removed to the hospital the same day, and both cases ran a comparatively uneventful course until about the thirteenth day when they were both taken much worse, rapidly developed the hæmorrhagic form of small-pox, and died within five minutes of each other. While we had other cases of death that were sad, these two capped the climax. Do not these two cases stand out like a beacon light of warning to those who do not believe in the beneficient results of vaccination?

Case 9 will be the last I will quote, and will only go to show that despite all our experience, we are prone to make mistakes at times. A young man, 28 years of age, was reported as having the disease, and when I called on him, he stated that he had undoubtedly gotten the disease from a child on the lower floor (it was an apartment house), who had been all broken out for two or three weeks. After sending this man to the hospital, I investigated the child's case. The mother assured me the child had gone out for the day; there was nothing the matter with it, nor had there been, and told me the name of the physician who had attended it two or three weeks previously for a slight ailment. I knew the physician, and knew that he had had a great deal of experience with small-pox; so when I didn't see the child this reassured me, and I didn't investigate it further at the time. On the day I sent this case out the board of health relieved me of further duty as far as small-pox was concerned, feeling that the citizens who had business with the department might be afraid of my carrying the contagion, as there had been some complaint along this line, and would not call at the office. The board also felt that the other business of the department, outside of small-pox, was enough for one man to attend to, and for this reason relieved me. Two or three weeks after being relieved, and in the meantime we had several cases where we could not trace the source of infection, I commenced to receive complaints about the aforementioned child, and, finally, decided, although not in my line of duty at the time, to make a personal investigation. I found the child this time, and also found it in the convalescent stage of small-pox, as I believed at the time, and still believe. The matter was referred to the proper one, who, with the physician in attendance on the case, and who had had a great deal of experience with small-pox, and another physician of great experience, consulted over the case and decided that it couldn't be small-pox. The fact remains, nevertheless, that I traced five cases, at least, as having been infected by this child, and of the five, three died. I was all alone in my diagnosis, the others not agreeing with it, but I felt then and feel now that if that was not a true case of small-pox in the convalescent stage, then my three years in the midst of it has been of little value.

I would like to cite a few facts from Goodno on the history and etiology of variola, who, I believe, covers the subject as briefly and succinctly as possible. He speaks as follows: "History: The current belief of the existence of small-pox prior to the Christian era is strong; but there is no reliable evidence in support of it. In 581 Gregory described a scourge which passed over Southern Europe, and which, from its description, must have been small-pox. He carefully differentiated this epidemic from the bubo plague, which also invaded Europe a year later. Rhazes, of Bagdad, described with great clearness the important features of the disease in 900. England was invaded in 1241 and 1242. It appeared in Mexico in 1527; in South America in 1554, at about the time the slaves were carried there from Africa. It did not reach the United States until 1649, when an epidemic started in Boston. All these epidemics were of remarkable severity, the victims being numbered by millions; the first Mexican epidemic, for example, is said to have carried off three and a half millions of people.

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Since the wonderful discovery of Jenner in the latter part of the last century (1798), however, the disease has yearly claimed fewer and fewer victims, until during the past twenty-five years epidemics of any noteworthy severity are all but unknown. The most important previous to the recent one occurred in Montreal in 1885, and was due solely to the opposition of the French Canadians to vaccination.

Etiology: Variola is highly contagious, few persons unprotected by vaccination escaping the disease if freely exposed. Occasionally, however, a person is met who neither contracts the disease or is susceptible to the vaccine virus. This immunity from the contagion may be but temporary, i. e., it may exist during one epidemic and not during another. The contagium is given off by the skin and lungs of the sufferer. The fine epithelial scales which are thrown off the skin so freely are supposed to be the most important agents in conveying the specific elements of the disease. It is generally admitted that the disease may be transmitted at any time during the course of the disease, but is most dangerous to others when suppuration is about to commence. The poison retains its vitality for a long time, indicated by the fact that the clothing of person is met who neither contracts the disease nor is which has been stored for a considerable period of time, has given rise to fresh cases upon being unpacked in a new neighborhood, one which had hitherto been free from the disease.

"During the epidemic prevalence of small-pox public conveyances of all kinds, mail matter, money, etc., are active agents in its spread. Small-pox attacks persons of all ages and of both sexes alike. The disease is especially frequent and fatal in children, probably because there is more susceptible material to attack in the early years of life. Small-pox has been highly fatal among certain people, especially among the aborigines of a country. It has been the great scourge of the American Indian. The colored race shows a most remarkable susceptibility to the contagium, and to severe attacks of the disease. This is probably due to their unprotected condition from lack of vaccination and their usually bad hygienic and sanitary conditions, for these favor the development of any contagious disease. The severity of the disease varies greatly in different years and in different epidemics, facts which are capable of a very simple explanation. We are not obliged to fall back on the ancient superstition that small-pox epidemics return at regular intervals. There are always some cases present in large communities, such as those of our great cities, but careful health regulations and the thorough practice of vaccination keep the disease from spreading. Long freedom from an epidemic leads to public carelessness, with neglect of vaccination and consequent increased susceptibility of the population to the disease."

Since the discovery of vaccination as a preventive by Jenner in 1798, there have been large numbers of people who did not believe in vaccination for one reason or another, and we have them with us to-day. They attribute all the ills of mankind to vaccination. Personally, after seeing thousands vaccinated by health officers and in my private practice, I have yet to see one case that had a bad result. All the ills attributed to vaccination are in my humble opinion the veriest bosh, and after three years of small-pox and vaccination, I feel that I can speak from experience when I say that I know just what vaccination will and will not do in the matter of preventing the spread of the disease, and I do know that it is the only absolutely sure means of escaping the disease despite what others may say. Numbers of people think I must wear some sort of a charm because I have failed to contract the disease, and when in answer to their questions as to what means I adopt to keep free from it I tell them that I depend solely on vaccination and revaccination, they smile as they think knowingly, and are no wiser than they were before they asked.

The following statement made by Prof. J. F. Schamberg, of the University of Pennsylvania, last February, merely emphasizes what I have already stated. Prof. Schamberg states, that "No one who has been recently vaccinated need be afraid of small-pox. It is an absolutely preventable disease. The best evidence of this is the fact that of the 125 nurses at the municipal hospital in Philadelphia who have been engaged daily for the last four years handling the most severe cases of small-pox, not one of them contracted the disease. Of 700 students from the city colleges taken through the wards in the same period, only one contracted small-pox, and he was a student who had never been successfully vaccinated. Two vaccinations were in many cases sufficient to afford protection through life, but vaccination should always be resorted to when the malady was epidemic."

During the past two years I have felt that, owing to the opposition of so many to vaccination, we ought, if possible, to have enacted a compulsory vaccination law, whereby we might get hold of these know-it-alls, who breed the opposition to the detriment of the health of a community. If no one had to suffer except these people it wouldn't make much difference, but the innocent as usual must suffer with them, and for this reason our department tried to have such a law enacted, but were met with the legal statement that such a law would be unconstitutional. That this is not the case we have since learned by reading the decision of Associate Justice John M. Harlan, of the Supreme Court of the United States, handed down on the 20th of last February, in which opinion he sustains the validity of the Massachusetts State law giving authority to health authorities of cities and towns to impose compulsory vaccination regulations. He held the law to be constitutional on the ground that the protection of the health of the community may be exercised by the State as a police regulation. In the course of his opinion, Justice Harlan said that the Supreme Court should not invade the domain of local authority except when it is plainly necessary so to do in order to enforce the law, and the safety and health of the people of Massachusetts are for that Commonwealth to guarantee and protect. And "we do not perceive that this legislation

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has invaded any right secured by the Federal Constitution."

This opinion in my estimation does away with all further controversy on the subject, and the sooner we get together and have such a law enacted in this State, and enforce it, the sooner we will be able to effectually stamp out this dread disease for all time. Until such a law is placed on the statute books and enforced we may expect to have more or less smallpox with us. Why municipalities throughout this country should be subjected to such enormous expense as they have been during the past five years in trying to stamp out this disease; why business should be compelled to suffer as it does in the presence of an epidemic of any kind, especially one as preventable as this disease produces, and why the authorities in the face of a mass of indisputable facts such as have been produced by many competent authorities the world over and reiterated time and again, don't force the enactment of such a State or national law is more than I have been able to fathom. I can only say in concluding this article, that I hope the day may speedily arrive when a compulsory vaccination law will be put into effect and that everybody will have to be vaccinated or revaccinated at least once every five years. Then, and then only, will we be free from the ravages of this most loathsome of diseases.

[The above article, as we read the proof, impressed us that the value of vaccination is certainly very questionable. We do not endorse compulsory medicine in any form.—ED.]

Materia Medica.

GELSEMIUM—A PRACTICAL STUDY.

BY P. W. SHEDD, M. D., NEW YORK.

Gelsemium is a drug which serves perhaps better than any other (excepting Nux vomica) to illustrate the fundamental and striking difference between the allopaths, eclectic (or physiologic) and the homœopathic systems of therapy.

To state that the physiologic prescriber is not using Gelsemium as a scientifically known means to an end is quite as absurd as to make the same statement of the Homœopath, who, using a different instrumentation, prescribes the drug for conditions diametrically opposite. The difference is somewhat similar to that between a suit of clothing ready made or made to order; one may cover the individual in a way but seldom fits; the other covers and fits, and in dealing with life and death this may be a matter of vital import. Science pre-supposes exaititute; hence, the prescription that covers and fits the individual case is the more scientific, and when vitality or reserve force is low or when the case is chronic in nature, it is absolutely essential. With abundant vitality many cases of disturbed functional or cellular equilibrium recover without medicinal aid.

Scudder has marked out clearly the physiologic (allopatho-eclectic) indications for Gelsemium. He says: "Gelsemium exerts a specific influence upon the brain, and to a less extent upon the spinal center and sympathetic. It relieves irritation and determination of blood, and the disordered innervation that flows from it. Probably there is no remedy in the materia medica more direct and certain in action. Given a case of irritation and determination of blood to the brain, marked by flushed face, bright eyes, contracted pupils, restlessness and irritability, we prescribe Gelsemium with certainty. This being a common complication in diseases of childhood it is especially the child's remedy. Acting in this direction, it lessens the frequency of the heart's action, and removes obstruction to the free flow of blood—a sedative. It also increases secretion in the same way. I do not think that Gelsemium exerts any important influence other than through this acton upon the nervous system. But, as will be observed, this is a very important action.

It is contra-indicated where the circulation is feeble and there is tendency to congestion, especially if there be a feeble circulation in the nerve centers. We never give it if the eyes are dull, pupils dilated, and the countenance expressionless. In such cases it may prove fatal in quite moderate doses. A number of these cases are on record, three or four in which death was produced by as small a dose as gtt. xxx of a common tincture. It has one other specific action which is worthy of mention. It is the remedy in dysuria from stricture, and will rarely fail in enabling the patient to pass urine in from four to eight hours. (Scudder's Specific Medication.)

This excerpt is the clearest possible illustration of the antipathic (enantiopathic, Organon, Section 56, etc.) medication of the allopathic and eclectic schools. (The eclectics differ from the "regular" school in agent and dosage, but not in general theory or application), viz., a drug is given of which it is known absolutely that its general action is directly and physiologically antagonistic to the indications in the case. Gelsemium is antispasmodic, diaphoretic, a neural depressant, paralyzing motility and sensitivity by central action upon the cord, and it is used physiologically where we have flushed face, bright eyes, contracted irides, increased heat of the head, restlessness and irritability, spasms, convulsions; a depressant remedy for an excitant condition. Scudder wisely warns against its use (in his dosage) where there is already a vital depression.

Contrast with Scudder's syndrome the homœopathic indications for Gelsemium: acting upon the central motor spheres from above downwards, it exhibits vaso-motor paralysis and sequent passive congestion. The Gelsemium patient desires to be alone and undisturbed; there is depression and an asthenic nervous excitability; vertigo beginning in the occiput; dim vision; diplopia; headache beginning cervically and spreading over the head, causing a sensation in eyes and forehead as if about to burst or as if the head were tightly bound about above the ears; the tongue trembles, moves with difficulty; there is great fatigue in the lower extremities from

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any exertion; the entire muscular system is incoordinated; debility and tremor are characteristic; chills and coldness along the dorsal spine.

The physiologic effects of Gelsemium are the homœopathic indications for the drug's use in potency.

One school, having a gross knowledge of the depressant action of Gelsemium, but governed by no law save that of force, uses the drug in excitant conditions without regard to the individuality of the case, and might becomes right. In acute conditions this may have a happy issue if the case be watched, and the excitant condition do not, by an over-swing of the pendulum, pass into a lethal depression. The common pharmacist wisely lables the drug "poisonous in over-doses."

The other school with a far more delicate and extended knowledge of the depressant action of Gelsemium, and governed by a law of nature as unvarying as the law of gravitation, and with an instrumentation which utilizes that law, restores cellular and functional equilibrium, cito, tute et jucunde, with no fear of poisonous over-dose, but with the certainty if Gelsemium be the similimum that it will cure.

Which is the more scientific? The lawless or the lawful method? It is not a question of sectarianism, nor ever has been, but a question of cool, calculating, unyielding science.

It is needless to remark that the Gelesmium syndrome prescribed for by Scudder is scientifically incomplete; modality, causation, temperament, mentality, concomitants are necessarily lacking (of what use would they be in the choice of a drug on the physiologic, antipathic basis?). Scudder's syndrome would recall to the Homœopath not the (here) despotic Gelsemium but the similar, legal (if the term may be used) Aconite, or Belladonna, or Hyoscyamus, et al.

Depression, passive congestion, inco-ordination, paresis are the fundamentals of Gelsemium; so marked is this depression that the patient may intuitively feel that unless he forces himself to move the heart will stop beating. (Cf. Causticum, another but deeper paralytic drug; Gelsemium is acute.) However, there are slight oscillations of the Gelsemium pendulum, and it is suitable to children, young people, women of a nervous, hysteric temperament (yet asthmatic), irritable, sensitive, excitable; but depression and paralysis of function lurks near and readily evolve from exciting or bad news, from sudden emotion or the anticipation of an unusual ordeal. (The paretic diarrhœa, for example, cf. Argentum nitricum.)

Mentally, there is great prostration, and this enters directly into the Gelsemium prescription. Weakness or paresis of body, with an acute, clear mind, would rather eliminate this drug. The mind is sluggish, there is drowsiness, stupor; the patient does not much care what happens (yet is not besotted as in Baptisia).

The modalities are:

< from heat of sun or summer.

< from sudden change from hot or dry to damp weather.

< in damp weather, cold damp.

< in a foggy atmosphere (Hypericum).

< from motions (except the cardiac symptoms).

< from physiologic stimulants, as alcohol.

< from hot applications. (The occipital pain.)

< from covering up warmly (during all stages of the intermittent paroxysm.)

Potencies: 1 to 1,000, according to the sensitivity of the patient. The 30th has been found especially valuable in neuralgic conditions.

INDEX CLINICUS.

Cephalalgia.

Congestive, neuralgic headache beginning in the cervical spine (vertebra prominens sensitive) and extending over the head, causing a bursting sensation in forehead and eyeballs. Sensation of a band around the head above the ears. (Cf. Carbolic acid.) Dizziness, smoky vision, with supraorbital pain, faintness, carotid pulsation, limb-pains, great drowsiness.

Cerebro-Spinal Meningitis.

Congestive stage, severe chill, dilated pupils, congestion of brain and spine. Drowsy, dazed, face purple and mottled; spasm of fingers, toes, dorsal muscles, neck muscles rigid, with icy coldness in the spine. Fever high, skin hot, extremities cold.

Coryza.

Slowly developing after the exposure or after being overheated. Frequent sneezing, followed by tingling and fulness in the nose and fluent, watery, excoriating coryza. Sensation of fulness at the root of the nose. The condition extends downward into the throat. (Cepa.)

Diarrhœa.

After sudden emotions or when anticipating some unusual ordeal (as an examination); stools yellow or dark-yellow. Diarrhœa with intermittent fever.

Dysmenorrhœa.

Supressed menses, with evening convulsions. Severe, sharp, labor-like pains extending to back and hips. Spasmodic or neuralgic dysmenorrhœa. Epileptiform convulsions at the periods.

Eclampsia.

The convulsions are weaker than in Belladonna but of the same type, with cerebral congestion, mild delirium, and gradual onset and disappearance of the attacks; Belladonna comes and goes rapidly.

Enteralgia.

Periodic colic with yellowish diarrhœa, setting in in the evening.

Enteritis.

Acute catarrhal enteritis during damp weather.

Febrile Conditions.

With a drowsy, dazed, listless mentality; congested face, cold extremities, high fever, hot skin, thirstlessness. There may be profuse, exhausting sweat. All symptoms < by motion; too weak to move.

Influenza.

Especially of the nervous (non-catarrhal) type. High fever with prostration, weak limbs, dull occi-

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pital pain. Also after catarrhal symptoms disappear, and neural symptoms begin or continue.

Labor.

Pains spasmodic; abnormal action of the abdominal muscles; rigid os; parts dry, hot; nervous excitability (Belladonna).

Inefficient or no labor pains; os widely dilated; complete atony (Gelsemium).

The two conditions above require different potencies; one is met by the physiologic action of the drug, the other by the homœopathic.

Homœopathically, Gelsemium stands between Belladonna and Cimicifuga, and is indicated in relaxed, dilated conditions. Physiologically, it relaxes the cervix and opens the os.

Myalgia.

Deep-seated, muscular pains in the legs, > from motion; the calves feel bruised.

Neuralgia.

Acute, sudden, darting pains, shooting, tearing along the trachi of nerves; aggravation from weather changes.

Paralysis.

Functional paralyses (sensation generally unimpaired, or there may be hyperæsthesia); professional paralysis; diphtheritic paralysis; aphoric paralysis; glottic paralysis; glottic spasm in the evening threatening suffocation; paralytic weakness with inco-ordination (as in tabes); paralyses that begin with or are due to fevers; sexual paralysis. The paralyses are apt to be ameliorated by stimulants.

Spermatorrhœa.

Gentila cold, relaxed; emissions without erections or during stool; with excitable sexuality.

Typhoid.

During invasion or the first week. Great prostration; thirstlessness; trembling from weakness; trembling of the tongue, which is thinly coated and has not the dark streaks of Baptisia. Face flushed crimson but not besotted. Sore, bruised feeling over the body; dull pain or a strange feeling in the head, with subsultus tendinum; ptosis, cannot keep the eyes open. Pulse full and weak.

In concluding the index clinicus a curious case may be given, published in the Homœopathic Recorder of January, 1901. Dr. T. F. Allen had a patient who had been operated twice for recurrent sarcoma of the arm. The forearm was swollen, infiltrated, and the glands inflamed, with swollen axillary glands. Besides this, she suffered from peculiar cerebral symptoms. Commonly at 10-11 A. M. fever (to 104° F.); confusion in the head; vertigo; inco-ordination of movements; stupor. The fever usually abated after 1 P. M., so that she was fairly comfortable and sleep well at night. Allen, who gave up the case (carcoma) as hopeless, began the use of a single drug, Gelsemium 6, for the cerebral symptoms, a dose every hour while the fever lasted. The second day the fever did not pass 101° F.; the third day there was none; in two weeks the arm became less painful, the neoplasm withered and fell off, leaving a flat surface. The glands resolved; the cerebral symptoms vanished with the fever. In three years the patient was perfectly well.

COMPARISONS.

Gelsemium.

Paretic.
Weakness (passivity).
Flushed face.
Weak and sore over the body.
Thirstless.
Diarrhœa (from emotion).
Negative.

Baptisia.

Toxæmic.
Prostration (yet may be restless).
Besotted face.
Numb and sore over the body.
Thirsty.
Foul, fetid, exhausting diarrhœa (in toxæmic conditions).
All discharges and exhalations fetid.

Gelsemium.

Passive cerebral symptoms.
Face flushed, pupils dilated, carotid pulsation.
Doesn't care.
Mild delirium.
Thirstless.
Slowly developing symptoms.
Asthenic mentality.
A remedy for depressant states.

Belladonna.

Active cerebral symptoms.
Ditto.
Intolerant of voice and light.
More violent delirium.
Thirst, yet many dread to drink; does it with a trembling precipitancy.
Rapidly developing symptoms.
Sthenic mentality.
A remedy for excitant states.

Gelsemium.

Thirstless.
Drowsy, "dead to the world."
Dreads movement because of the great weakness.
Occipital headache.
Condition of the bowels not characteristic.
Paresis of tissue.
An "asthenic" patient.

Bryonia.

Thirsty.
Drowsy, but irritable.
Dreads movement because it aggravates the pains.
Frontal headache.
Constipation.
Irritability of tissue.
A "sthenic" patient.

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Gelsemium.

A cerebro-spinal vaso-motor remedy.
Pulse full, flowing weak.
No characteristic time.
Aggravation.
< in damp weather.
Thirstless.
Mentality obtuse.

Ferrum Phosphoricum.

A vascular, haemic remedy.
Pulse full, bounding.
< at night; < 4-6 A. M.
No characteristic weather modality.
Thirsty.
Mentality excitable.

SULPHATE OF SPARTEINE.

BY KARL GREINER, M. D., SPARTA, MICH.

The remedy chosen for consideration is Sulphate of sparteine.

Sparteine is an alkaloid derived from Spartium scoparium, one of the active principles of broom.

Broom, cytisus scoparius, is a shrub indigenous to England and the European Continent. It is also found on the Canary Islands and in South America. In the United States broom is grown for ornamental purposes. Broom is described as a shrub of medium height or small tree, with wand-like branches, sparsely covered with narrow leaves, great clusters of yellow chromatic flowers, and long, narrow seed pods. It was used in ancient times as medicine like it is to-day.

All parts of broom taste bitter, and exert a tonic diuretic action upon the human system.

The other constituent of broom is called scoparin. Both sparteine and scoparin were discovered by Stenhouse in 1851.

Sparteine is a bitter, oily liquid, insoluble in water, and extremely alkaline. With sulphuric acid it forms a crystallizable salt, sulphate of sparteine, soluble in water. In the state of purity sulphate of sparteine is white, but turns yellow on exposure to light.

According to Germain, Sulphate sparteine acts mainly upon the heart without disturbing either digestion or the nervous system. He says that it quickens the heart and pulse, and regulates the disturbed cardiac rhythm. As a cardiac regulator he claims no other known medicine can compare with it. In action Sparteine resembles Digitalis, Convallaria, Adonis and Strophanthus. He says further that Sparteine stimulates the cardiac action more premanently and more lastingly than Convallaria or Digitalis. Its action appears in three-quarters of an hour to one hour, continues after withdrawal of the drug for one to four days, and shows no cumulative effect.

According to Labordi there exists no contra-indications to the use of the remedy.

Pawinski, another observer, says that Sparteine strengthens and regulates a weak heart and retards an accelerated pulse. It increases the blood pressure causing œdema to disappear. It acts as a diuretic. The respirations become slower and more regular. It has not been shown to act directly upon renal epithelium. Its action is less powerful than that of Digitalis, Adonis and Strophanthus. In old cases, he claims, its action is not strong enough. It is indicated in recent cases of cardiac disorder with little or no degeneration of the cardiac muscle. It is of value in acute cardiac weakness as encountered in the infectious diseases. Large doses cause irritation of the intestinal mucous membrane, diarrhœa, vomiting and nausea. In small doses this author says Sparteine increases the cardiac contractions, slows and regulates its pulsations. In medium doses it has no effect upon the heart, and in large doses it paralyses the heart. Small doses irritate the pneumogastric nerve, and large doses paralyze it.

Professor Levacheff claims not to have observed any gastro-intestinal disorders and diuretic action only where there were no organic cardiac disorders. He recommends Sparteine in nervous, cardiac disorders, in uncomfortable and painful sensations of valvular lesions, in the beginning of Graves's disease, in the asthma of bronchitis and emphysema, and in all cases where Digitalis is not borne.

Waugh says in the treatment of the sick that Sulphate of sparteine is the best cardiac tonic for steady use, and as reliable as Digitalis. He gives it for a long time without bad results, in one-sixth to one grain doses, especially to old people.

Broom is rated by the allopaths as a hydrogogue, diuretic and catharic, and is used by them in the form of fluid extract or decoction of the tops. They use Sparteine sulphate in one-twentieth to one grain doses, both by mouth and hypodermically.

There is considerable difference in the size of the dose and its effects as given by some of the allopaths. It varies from a fraction of a grain to 30 grains. The quality of the preparation used certainly accounts for this discrepancy. The quantity of the alkaloid in a given quantity of broom depends, as it does on the other medicinal plants, upon the climate, the season when gathered, the soil and the exposure of the plant to sun or shade. Plants which grow in the shade are said to be particularly rich in Sparteine. Scoparin is said to cause the diuretic action.

In its action upon the heart Sparteine resembles conine and nicotine.

I will now quote from an article on the proving of broom in the Homœopathic Recorder of 1899, as reprinted from the report of Dr. Schier, in Magenta. In the provings of broom the tinctures gave much more striking and numerous symptoms than the infusions of the fresh herbs. Although alkaloids are, as a rule, but slightly affected by water, Scoparin and Sparteine seem to suffer from boiling water. As they are readily soluble in alcohol the success of the provings made with the tinctures is easily understood. The homœopathic provings have shown that Sparteine affects the cardiac nerves and

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muscles with following acceleration and irregularly by the pulse, congestion to the chest, neck and heart and light rheumatic symptoms.

Mr. Boericke says that Sparteine is of use in functional and organic cardiac diseases. It comes in where Digitalis fails or is contra-indicated. He also mentions its use in albuminuria. Cheyne-Stokes respiration and heart trouble after grip. The gastro-intestinal symptoms are a great accumulation of gas with mental depression.

Dewey says in his "Practical Homœopathic Therapeutics" that Sparteine has been used in feeble heart of nervous and hysterical persons, and at the climacteric, but, he adds, as it is used for its physiological effect, it should find no place in homœopathic therapeutics.

If we, however, have confidence in Hale's law of the primary and secondary action of drugs, I do not see why we can not prescribe Sparteine homœopathically. For, in the primary action of Sparteine is to stimulate the vagus, the consequence is retardation of the heart's action. Small doses would be, therefore, homœopathic to a slow heart On the other hand, large doses destroy the inhibitory power of the vagus by paralyzing it, with the result of an irregular accelerated heart's action. Large doses would, therefore, be homœopathic to palpitation.

Jousset says in his Practice that Sparteine changes the pulse in fifteen minutes after its administration; that its action lasts for three to four days; that it has no disturbing effect on digestion as Digitalis, and that it has no diuretic power. He cannot understand why it should not be a diuretic, as it increases cardiac and arterial tension.

Halbert says in his work on Practice that Sparteine sulphate in the first decimal potency every two to three hours has given good results in cardiac weakness with disturbed rhythm when other remedies failed. He also says that it is insufficient in mural cardiac regeneration.

Sparteine sulphate can be administered, according to Boericke, in 1-20-2-4 grain doses in sustaining the heart after stopping the morphine habit.

I, myself, have used the first decimal trituration of Sparteine sulphate with much satisfaction in cases of tachycardia without any lesion of the cardiac muscle, and in palpitation accompanying hepatic and gastric disorders.

Although Sparteine can not boast of the thousand and one symptoms of our polychrests, it fills a niche of its own in our materia medica to the benefit of the few who do need it. [Hom. Society of Western Mich.]

Miscellany.

THE BUSINESS SIDE.

BY JOHN R. FLEMMING, M. D., ATLANTIC CITY, N. J.

This is the season of resolves and of turning over of new leaves. There is one matter which you have doubtless decided to do many times. Now is the time to do it. See that your account books are kept in better condition than ever before. Do you not recall many cases where, if you had tried collecting a bill when it was small, you could have gotten it in full, or, at least, in part: now gone, and gone forever?

Doctors, as a rule, are a bum set of business men, easy victims of the book agents, the man selling mining stock; in fact, easy to any old thing that comes along. Do not think that the laity looks upon this as a virtue.

I know doctors who pay their bills promptly, yet have accounts running for years with their patrons, because they simply consider them as good as gold, and yet these same doctors could have that money, and have it drawing interest. Our money comes hard earned in the long run, as a rule, and as you all grow older you will appreciate this timely talk, for it is here as we meet we should have not only good fellowship seen and felt, but bring up before us any and all means whereby we can aid one another. For there is a woeful lack of friendly feeling generally existing among doctors who reside in the same town or city. If one expects to get any friendly greetings or helpful hints from another one must be ready and willing to give brotherly advice ungrudgingly. There is none without a soft spot in his armor, and this centre is touched by loyal friendship which carries with it good fellowship; therefore, on somethings we should at least agree, for who knows as well as a co-laborer, or who can better appreciate the trials and vexations of a doctor.

For several years I have been hoping that we, as a band of physicians, could group ourselves together for what I think would benefit us all. Every member of this club is a graduate of some reputable medical college, they are also men of good moral standing in the city and county. As a band of physicians who has in view the object to do good unto others in their miseries, so should we look one to the other in doing good to doctor and his purse, consequently I speak of the business side, which may be neglected.

Physicians, as a rule, are far better trained and skilled in the art of healing than in the collection of their bills. Perhaps this is as it should be, but standing shoulder to shoulder with the sentimental side of our work is the business side.

So far as my observations go, the scramble for pelf is as great as the scramble for the milk of human kindness. We hear much of the philanthropic nature of our calling, but it is no prostitution of the same to pay due regard to the increment of our waning dollars.

It is well for the doctor to be large-hearted and willing to help suffering humanity, but will this feed, clothe and educate his family? No; we must place a money value upon our services, and then collect the fee therefore. Educate your people that your capital is your education, your stock, the same as if you had, as a merchant, invested it in dry goods. If the people use our stock the pay should be as prompt and as sure as the merchant's.

We should place a fair and reasonable estimate

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on our services, and instil into their minds the idea that good medical service is cheap at any price. I question if any rule can be laid down in making collections. We must study our classes of patrons and their surroundings. We have with us among our town's people patients who receive weekly and other monthly payments; it is well to bear this in mind. As to myself I do not employ any collector, or do I use any collecting agencies; I send quarterly statements, and have my patients do business with the proprietor himself. I think, then, they are less liable to dispute your bills. Neither do I think it good policy to run bills of long period with the trades people, and have them feel as though they had to trade with the doctor to square accounts, for how can we expect to bring the public to prompt settlement if we do not set the example ourselves.

We must be men amongst men, showing the manly and business qualities we expect them to manifest towards us.

Good business methods drive away beats; this I have proven, and doubtless all here can testify to. I am strongly in favor that we, as a club, shall formulate some system whereby we can agree to send out regularly and at a given time our bills, at the same time following up the first one with others until we are satisfied that the person is good or bad pay; if we find them absolutely bad pay we should among ourselves declare them so for the good of the men who are and will follow in our trodden ways.

Finally, remember the old woman's saying: If you pay your doctor promptly he will attend you promptly, night or day, rain or shine, while your slow paying neighbor waits, as he makes his doctor wait, and while he waits "the angels gather him in." [Atlantic City Hom. Club.]

SEVERAL SELECTED TOPICS ON ANATOMY AND SURGERY.

[Secretary's report of lectures delivered before the German-American Technological Society, by H. Otto Sommer, M. D., Washington, D. C.]

The Blood and Lymph Vessels of the Abdomen and Thoracic Cavity.

The lecturer dscribed their functions and location and distribution. The decided assymetry and different distribution and connection of both sides of the body as regards location, etc., of lymphatic systems, and blood circulatory apparatus was especially emphasized as a basis for explaining the more or frequently ridiculed subjective homœopathic symptoms, which are referred to one or other side of the body.

Its bearing on the more frequent occurrence of left-sided varicocele over the right-sided ones was carefully explained in detail by diagnosis, showing again the old story that the spermatic veins on left side enter almost at right angles into the renal vein, so that owing to a rectangular entrance as well as a crossing at right angles of two blood currents, one flowing more or less horizontally from the kidney, and the other, the spermatic, flowing from the pampiniform plexus upward (in erect body vertically). A varicocele is more likely on physiological grounds to occur left-sided than right, because on the right side, moreover, the spermatic current flows almost in the same direction as the current of vena cava, with which it unites at a very acute angle. This, of course, suggests intra-adbominal operation for varicocele in special cases.

Further, the speaker elucidated the bearing of left-sided, floating and freely movable kidney as the spermatic veins, and hence as a cause of varicocele.

The fact that the sigmoid, so oft distended with fæces, is located to left, is also an explanation for varicocele on left side.

At a previous discussion at the Hotel Shoreham, Dr. Sommer had offered similar explanation to Dr. Davis for frequency of left-sided phlegmasia alba dolens. Dr. Davis here cited cases showing it oftener in left-sided occurrence.

Some homœopathic surgeons have hurt our sect considerably by too frequent, unnecessary and ill-planned operations for left-sided varicocele by taking rundown, overworked college students from our high class American universities, who were suffering from indigestion of newspaper varicocele literature, and without building them up, or toning up their venous systems when suffering from diffuse weak veins, clapping them on an operating table, skinning them out of a fee of $50.00, and ultimately ruining the reputation of the faithful homœopathic family doctor who entrusted them to what he supposed was a "born surgeon." Many such varicoceles have returned.

The Appendix Vermiformis.

The speaker explained its location and its variable location with reference to appendiceal inflammations and symptoms. He emphasized the quondam value of "McBurney's point," through the determination of which, along mathematical lines, a man once acquired fame, and, further, relegated its value to the past.

The speaker while an operator for appendicitis, having been once in the U. S. Helminthological Laboratory as a volunteer while a student at Southern Homœopathic College of Baltimore, explained that with Tillman, of Leipzig, he agrees in occurrence of worms in appendix producing appendicoid pain in exceptional and rare cases.

Current Medical Literature.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

Literary Gems From the Medical Essays of Oliver Wendell Holmes—Louis E. Bair—Med. Rec., March 10, '06.

The Homœopath profession remembers Oliver Wendell Holmes chiefly for his prognostication nearly three-quarters of a century ago, that the practice of Homœopathy was but a fad, which in a few years would go the way of all fads which exist for little or no reason beyond a passing whim of the people. Reading Dr. Blair's article we are

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impressed with the thought that perhaps Dr. Holmes has in this as in other things suffered from being misquoted. We all of us know of his saying that mankind would be better and the fishes possibly worse if all medicine could be sunk to the bottom of the sea. As a matter of fact, that statement was qualified in a very decided way. It occurred in an essay published in 1860, entitled "Currents and Counter Currents." The full sentence is as follows:

"Presumptions are of vast importance in medicine as in law. A man is presumed innocent until he is proven guilty. A medicine that is a noxious agent like a blister, a seton, an emetic, or a cathartic should always be presumed to be hurtful; it may be sometimes be indirectly beneficial. If this assumption were established and disease always assumed to be the innocent victim of circumstances and not punishable by medicine, that is noxious agents or poisons, until the contrary is shown, we should not frequently hear the remark commonly attributed to Sir Astley Cooper, more harm than good is done by medication. Throw out opium, which the Creator Himself seems to have prescribed, for we often see the scarlet poppy growing in the cornfields as if it were seen that wherever there is hunger to be fed there must also be pain to be soothed; throw out a few species which our art did not discover and is hardly needed to apply; throw out wine, which is a food, and the vapors which produce the miracle of anæsthesia, and I firmly believe that if the whole materia medica as now used could be sunk to the bottom of the sea, it would be all the better for humanity and all the worse for the fishes."

So that the reference to medicine was meant to apply to the materia medica of 1860. It goes without saying that the practice of this same Homœopathy which Dr. Holmes derided, or is said to have derided, has done much to modify the general practice of medicine. Further on in this essay Dr. Holmes emphasizes the necessity of making all possible effort to prevent disease, taking into consideration such means as will lessen what might be termed disease tendency. He cites as the shortest system of medicine the precept taught long before Hippocrates or Chiron, the Centaur, taught by mother nature herself, the English of which is "Spit it out." He argues that we should always be reasonable and patient with nature, "who means well but does not like to hurry, and who took nine calendar months, more or less, to every mother's son of us, before she thought he was fit to be shown to the public." He then pleads for the right and tolerance of opinion as being one of the birthrights of an American, saying that unlike most countries ours is the chosen home of minorities, where the lesser has the right to live in contra-distinction to some other countries where the majority not only rules but destroys. "We must be tolerant, for the thought that stammers on a single tongue to-day may organize itself in the growing consciousness of the time and come back to us like the multitudinous waves of the ocean on the morrow." What more applicable could be said of similia similibus curentur. The father of that phrase had been dead only a few years when Dr. Holmes wrote this essay, and that sentence might well have been used in a memorial oration prognosticating what has actually come to pass.

In another essay, published a year later, he takes up a consideration of the science of the day, some of his sentences are remarkable, and we quote them from Dr. Blair's article without comment:

"The entrance upon a new course of lectures is always a period of interest to instructors and pupils. As the birth of a child to a parent so is the advent of a new class to a teacher. As the light of the untried world to the infant, so is the dawning of the light resting over the unexplored realms of science to the student. . . . This day belongs, however, not to myself and my recollections, but to all of us who teach, and all of you who listen, whether experts in our specialties or aliens to their mysteries, or timid neophytes just entering the portals of the hall of science. Look in with me, then, while I attempt to throw some rays into its interior, which shall illuminate a few of its pillars and cornices, and show at the same time how many niches and alcoves remain in darkness.

"Science is the topograhy of ignorance. From a few elevated points we triangulate vast spaces, welcoming infinite unknown details. We cast the lead and draw up a little sand from abysses we may never reach without our dredges. The best part of our knowledge is that which teaches us where knowledge leaves off and ignorance begins. Nothing more truly separates a vulgar from a superior mind than the confusion in the first between the little that it truly knows, on the one hand, and what it half knows and what it thinks it knows on the other."

Of chemistry he says: "It is accomplishing wonders before us every day, such as Arabian storytellers used to string together in the fables. It spreads the sensitive film on the artificial retina which looks upon us through the optician's lens for a few seconds, and fixes an image that will outlive the original. It questions the light of the sun, and detects the vaporized metals floating around the great luminary—as if the chemist of our remote planet could fill his bell-glasses from its fiery atmosphere. It lends the power which flashes our messages in thrills that leave the lazy chariot of day behind them. It seals up a few dark grains in iron vases, and lo! at the touch of a single spark, rises in smoke and flame a mighty Afrit with a voice like thunder and an arm that shatters like an earthquake. The dreams of Oriental fancy have become the sober facts of our everyday life, and the chemist is the magician to whom we owe them."

From his essay, "Some of My Early Teachers," published in 1882, is taken the quotation so often used: "There are three occasions upon which a human being has a right to consider himself as a center of interest to those about him: when he is christened, when he is married, and when he is buried. Every one is the chief personage, the hero of his own baptism, his own wedding, and his own burial."

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In this essay also he speaks of his first experience as an author, the occasion being the publication in the college (Harvard) periodical of an article written by him. This occurred during his first year as a medical student. Of this he speaks in his characteristic way: "There is no form of lead poisoning which more rapidly and thoroughly pervades the blood and bones and marrow than that which reaches the young author through metal cantact with type metal. Qui a bu boira, he who has once been a drinker will drink again, says the French proverb." That holds good to-day, doesn't it?

Of his experience in Paris he writes in a very interesting way. Dupuytren, Velpeau, Broussals, Louis and Ricard were among his teachers, and his pen pictures of these famous men are certainly worth reading. He details the characteristics of each in language which at once ..lds and interests the reader.

Of his "Address to the Young Practitioner," Dr. Blair says it should be read in full. His quotation is a very free one, but merely inspires in the reader a desire to read the parts omitted. The sentences are rich with ripened wisdom. "Your present plethora of acquirements will soon cure itself. Knowledge that is not wanted dries out like the eyes of the fishes in the Mammoth Cave." . . . "The young man knows the rules but the old man knows the exceptions." . . . "New ideas build their nests in young men's brains." . . . "A man who may be called at a moment's notice into the fragrant boudoir of suffering liveliness, should not unsweeten the atmosphere with the reminiscences of extinguished meerschaums." . . . The old doctor "had lived so much among his medicaments that he had at last become a drug himself, and to have him pass through a sick chamber was a stronger dose than a conscientious disciple of Hahnemann would think it safe to administer." . . . "Many patients are very grateful, and often when we have cured them of their disease have likewise cured them of their gratitude." . . .

"We had a physician in our city whose smile was commonly reckoned as being worth five thousand dollars a year to him—in the days, too, of moderate incomes. . . . Some shrewd old doctors have a few phrases always on hand for patients that will insist on knowing the pathology of their complaints without the slightest capacity of understanding the scientific explanation. I have known the term 'spinal irritation' serve well on such occasions, but I think that nothing on the whole has covered so much ground and meant so little and given such profound satisfaction to all parties as the magnificent phrase, 'Congestion of the portal system.'" . . .

"The life of a physician becomes ignoble when he suffers himself to feed on petty jealousies and sours his temper in perpetual quarrels. You will be liable to meet an uncomfortable man here and there in the profession—one who is so fond of being in hot water constantly that it is a wonder all the albumen in his body is not coagulated."

Dr. Blair shows in closing that Dr. Holmes could fight when necessity arose. He was probably the first to assert that "puerperal fever" is a contagious disease, and in years following 1843, when he first made the assertion, he had on numerous occasions to meet criticisms from prominent men of the day who attributed the spread of the disease to other causes. The famous Meigs, in 1852, wrote, "I prefer to attribute them (the cases of the disease) to accident or to Providence, of which I can form a conception, rather than to a contagion of which I cannot form any clear idea." And Dr. Holmes lived long enough to see his view on this disease accepted throughout the world.

After this cursory review of an article which of itself is but a review, one can appreciate how interesting must be the writings of this gfted man. It would be well worth while to read them, they would certainly give a clear insight into the status century, and besides would furnish a rich and rare of medical thought of the first half of the nineteenth treat from a literary point of view.

The Colleges.

KANSAS CITY COLLEGE COMMENCEMENT.

The commencement exercises of the Kansas City Hahnemann Medical College was held Monday evening, April 9, in the auditorium of the University building, Ninth and Locust streets. Rev. Geo. H. Combs delivered the address to the graduating class.

This was the closing feature of a week of special clinics and meetings given for the visiting physicians of Kansas and Missouri. On Tuesday evening, April 3, a meeting of the Kansas City Homœopathic Medical Society was held at the Midland Hotel, in which several out-of-town physicians participated.

Clinics were held at the various hospitals of the city, including the General Hospital, and the mornings were spent in clinical laboratory demonstration at the college, 1020 East Tenth street. All of the clinics and entertainments were free. A large number of homœopathic physicians attended from the two States. The clinics were in charge of the following:

Dr. W. A. Forster, surgery, April 5, General Hospital.

Dr. J. M. Patterson, eye, ear, nose, throat, April 2 and 6, at college.

Dr. McClay Lyon, stomach and intestines, April 6, at college.

Dr. Chas. Elliott, mental and nervous diseases, April 5, at General Hospital.

Dr. J. T. Boland, clinical medicine, April 3 and 7, at college.

Dr. Clay E. Coburn, physical diagnosis, April 4 and 6, at college.

Dr. P. F. Peet, special diseases, April 7, at college.

Dr. Chas. Ott, dermatology, April 3, at college.

The laboratory demonstrations were in charge of Dr. B. W. Lindberg and Dr. E. M. Perdue.

PRACTITIONERS' COURSE, HOMŒOPATHIC DEPARTMENT, UNIVERSITY OF MICHIGAN.

The Lectures.

The opening lecture of the ninth annual practitioners' course of the homœopathic department of the University of Michigan was given by Dr. W. B. Hinsdale on Monday evening, April 2d. The subject was The Institutional Treatment of Consumption in Europe. He described the Continental and English ideas of handling the consumptive from a social as well as hygienic view, and described several sanatoria for tuberculosis in England and Scotland, illustrating his lecture with lantern slide views. Although it was rather a rambling talk than a set lecture, it was full of interest and practical points.

The second evening lecture was given by Dr. R. S. Copeland, who spoke on the Institutional Treatment of Tuberculosis in the United States, illustrating his lecture with views of the Saranac Lake and Liberty institutions in New York, Rutland in Massachusetts, and others throughout the United States. Views were shown showing the out-of-door life in these institutions as being the important feature of the treatment. Views were also shown illustrating the unsanitary conditions of the tenement districts of our cities and the lack of air therein. The lecture was well attended and appreciated.

The afternoon lecture was given by Dr. Kinyon *on* a more medical phase, the subject being the Relation of Tuberculosis to Obstetrics and Gynæcology.

On the morning of the third day came a lecture by Prof. Gaius J. Jones, of the Cleveland Homœopathic Medical College, on Pneumonia. His presentation of the subject was practical, and he compared bronchitis, broncho-pneumonia, pleurisy, pulmonary tuberculosis with the disease in question. Perhaps the best appreciated part was his remarks on the treatment, wherein he showed the superiority of homœopathic remedies over all other means. Such testimony backed by years of practice is refreshing to hear, and in marked contra-distinction to the recently acknowledged utter helplessness of the allopathic school in this disease. The lecture was interspersed throughout with practical hints.

Dr. W. B. Hinsdale on Wednesday evening gave an exhaustive lecture on Tuberculosis, the Disease and Its Victim. This lecture was well attended by many of the laity of the town as well as the visiting physicians.

Perhaps the piece de resistance in the lecture line was Dr. E. H. Pratt's lecture on Orificial Philosophy and the Sympathetic Nervous System, presented in the doctor's convincing manner. It is certainly a subject that Dr. Pratt can infuse life into, and one that will be of use to every physician sooner or later in his practice. The largest attendance of the session was present at the lecture.

Dr. Dean T. Smith's lecture on the fourth evening on Tuberculosis From the Standpoint of the Surgeon, and Dr. W. A. Dewey's lecture, closing the course, on the Therapeutics of Tuberculosis, were both devoted to the relief and cure of the disease when established, and were both well attended and apparently appreciated.

THE CLINICS.

Medical Clinic.

The first clinic of Dr. Hinsdale was fully occupied. Among the cases shown was one of mitral insufficiency with an established compensated hypertrophy. A rheumatic history led to the prescription of Rhus toxicodendron; (2) a case of angio-neurotic œdema of a year's standing, Apis; (3) a case of cystitis in an old man, the result of abuse of the catheter, Pareiva brava; (4) case of infantile scurvy improved by proper diet and Calcarea phosphorica.

Gynæcological Clinic.

This clinic on the first day was a very large one, and held by Dr. Kinyon. The cases presented were the following:

(1) A multilocular ovarian adenoma-cystoma with degenerated walls and escape of contents, colloid in nature, into the abdominal cavity. Removal and drainage through the cul-de-sac. (2) Removal by excision and thermo-cautery of very extensive masses of venereal condylomata from the external genitals and thighs. A rare case. (3 and 4) Trachellorhaphy cases, anterior and posterior colporrhaphy and perineorrhaphy. (5) Curettage with degeneration of left cornual endometrium. Referred to pathologist to determine if tubercular. The entire time was well occupied by these cases.

Surgical Clinic.

Dr. Dean T. Smith operated for hernia, and finding the cæcum adherent to the internal ring removed the appendix by that route Hæmorrhoids were also removed in same patient. Another case of extensive cervical adenoma of tubercular origin furnished material for the remainder of the clinic.

Ophthalmological Clinic.

This large clinic presented as usual more material than could be handled. Dr. Copeland selected the following cases and operated on them before the visiting physicians: Three cataracts, two excisions and one needling, two cases of adenoids, one iridectomy, one Asch operation for malformed septum, one entropion, one strabismus; one nasal polypi. It was a thoroughly appreciated clinic.

Dr. Jones's Clinic.

Dr. Jones held an interesting clinic on the afternoon of the third day, showing and prescribing for a large number of cases. In fact, too many to enumerate.

Dr. Pratt's Clinic.

Dr. Pratt did a vaginal hysterectomy, a perineorrhaphy, removed an ovarian cyst and illustrated his orificial methods on a case presenting hæmorrhoids, pockets and papillæ. Other operations were also performed, and his deftness and skill excited the admiration of all present.

Surgical Clinic No. 2.

Dr. Dean T. Smith held another clinic on the afternoon of the last day, operating for necrosed tarsal bones, hernia, appendectomy, perinephritic

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abscess, removing a considerable enterolith, the cause of the same, followed by the usual drainage. In fact, the time in this clinic as in all did not suffice to attend to the wealth of material presented, and many cases were held over for the regular schedule of the following week.

Dermatological Clinic.

Dr. R. H. Stevens presented many cases, such as chronic eczema, allopecia areata and one exceedingly interesting case of multiple pigmented sarcoma. The doctor dwelt somewhat at length upon the treatment of allopecia by light rays.

Neurological Clinic.

Dr. W. A. Dewey conducted this clinic, showing a case of convulsive tic of the facial muscles, neurasthenia, which had been diagnosed locomotor ataxia, and a case of epilepsy in a child two weeks old of epileptic mother.

Laboratory Courses.

Dr. Burrett's courses in the laboratory of the hospital were of much interest to the visiting physcians. The latest methods of laboratory technique

DR. A. I. SAWYER.

in blood analysis, urinalysis, sputum, stomach contents were demonstrated, as well as other bacterial work. Four assistants to Dr. Burrett were kept busy during the entire course.

The Entertainment.

A dinner was given by the Alpha Sigma fraternity to which were invited a number of visiting fraters. Dr. W. E. Clarke, of Three Rivers, President of the Michigan State Homœopathic Society, occupied the head of the table.

The Phi Alpha Gamma society also entertained the members of this fraternity, and gave a dinner in honor of Professors Jones and Pratt.

A reception at the Barbour gymnasium was given in honor of the invited guests, and a large crowd of guests were present. It was the occasion also of the presentation to the department of a life-sized portrait of the late Dr. Alfred I. Sawyer, of Monroe, Michigan, one of the founders of the department. Dr. Hinsdale, in making the presentation, stated that it was the gift of the family of Dr. Sawyer to the University, and Regent Henry S. Dean, in a graceful speech, accepted the same in the name of the Board of Regents. It is stated by critics to be the best oil painting in the entire University collection, and it is certainly an animated likeness of the late doctor. The remainder of the evening was spent in dancing and light refreshments were served.

The Attendance.

It was one of the most successful courses ever held in the department. About sixty physicians were in attendance during the course, the States of Michigan, Ohio, Indiana, and Pennsylvania furnishing the majority of visitors.

Societies.

THE INSTITUTE MEETING.

To Atlantic City in September. It is hoped that every physician who can will visit Atlantic City to attend the joint session of the American Institute of Homœopathy and the International Homœopathic Congress. The session commences Monday afternoon, September 10th, in Atlantic City, N. J., America's most famous watering place. A city of hotels and boarding houses, where the most fastidious can secure rooms, either single or en-suite, with or without bath, or, where one can secure rooms, and live either on the American or European plan.

Special rates have been secured at the most prominent hotels for members of the Institute and Congress and their families by the local committee of thirty-two, who are working night and day, shoulder to shoulder, for the success of the meeting. They have made extensive arrangements for entertainment, meeting rooms, committee rooms press rooms, exhibition rooms, sectional rooms, and rooms for the ladies.

Everything is being arranged for by the various sections of the local committees, so that nothing will be left undone.

There will be public reception and hop on Monday evening on one of the five piers of which Atlantic City is justly proud.

An alumni conclave will be held one evening, a smoker on one evening, and a banquet on Friday evening for everybody.

Opportunities for sailing, fishing, bathing and automobiling are excellent. Not the least of Atlantic City's attractions is the world's famous boardwalk built in 1896 at a cost of $150,000, four miles long, forty feet wide, and recently widened to sixty feet for nearly two miles of its length, giving ample opportunity for enjoying the ocean breezes.

Should any member of the Institute wish any information, the press committee, consisting of five members of the local committee, will be glad to give any information they can.

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Committee: Dr. M. S. Lyon, Dr. G. G. Jackson, D. A. W. Barnes, Dr. J. T. Beckwith, and Dr. W. G. Gardiner, Atlantic City, N. J.

Miscellany.

The Country Doctor.

'Twas night on the moor of Glencarnie
And black was the face of the sky;
The elements raved and were wanton
And blinding the snow to the eye;
One traveller alone on the highway
The tempest had dared to defy.

Away on the desolate highlands,
Across the wild stretches of moor,
This traveller was bound for a cottage
Where languished the child of the poor.
The winter was hard in Glencarnie
His labor was free he was sure.

But spite of the snow that was drifting
And cold that was freezing the breath
The Doctor, an angel of mercy,
Sped on to his battle with death,
Sped on like a knight in his armor
O'er fens that were frozen beneath.

He entered the poor lowly cottage
Whose walls were denuded and bare;
And then there arose from the mother
A wail of the deepest despair—
"Oh, Doctor! you saved Myrtle Angus,
Oh, save our dear Mary so fair!"

"Her fever burns hot like a furnace
Her pulse is as full as the sea;
But cease your long wailing, dear woman,
One chance in a thousand has she.
Go close your red eyelids, so weary,
And leave your sick darling with me."

All night by the bed of lone Mary
He fought like a hero to save;
He fought the fell demon of fever
In Mary half sunk in the grave;
With water that gushed from the springlet
Each moment her form he would lave.

And just as the morning was breaking
A slumber both natural and sweet
Stole softly upon the pale sleeper
And told of the fever's defeat.
Her breath was as odors of perfume
That steal from a rose's retreat.

And then ere he took his departure
He called the fond mother to see
What change had been wrought in her darling
Who slept like a calm on the sea;
Who slept like the sea in the moonlight
When zephyrs of evening all flee.

The day that was dawning was Christmas,
The dearest that happened in years;
For now in the cot of Glencarnie
The joy was the limit of tears.
Their gift was the presence of Mary,
The end of their anguish and fears.

The day that next followed was Sunday,
The day of thanksgiving and prayer,
And up to the church of the parish
The streams of the people repair,
To ask the dear Lord for his mercy
And help for their burdens to bear.

The minister thanked him for Mary,
Who close to the border had lain;
For him their beloved physician
Who banished her fever and pain,
Whose visits brought healing in sickness,
Who comforts bestowed like the rain.

The hand of the Doctor was mighty,
His touch was as soft as the dew;
His voice was a tonic to weakness,
Most magic with hope to endue;
His skill was long tried in Glencarnie,
More dear to the people he grew.

He'd held the pale hands of their dying
When shadows were thick'ning their gloom;
He'd felt the deep pangs of their sorrow
When flowerets were losing their bloom;
He'd been to them closer than any
When hovered the shades of the tomb.

One day 'mid the snows of December
The Doctor, grown aged and ill,
Grown old with the burdens he'd carried,
Was borne to his rest on the hill,
To sleep till the great resurrection
With patients whose slumbers were still.

No funeral like that in Glencarnie
Had ever been witnessed before;
No eye in the parish unmoistened
When him to his slumber they bore.
They buried him there 'neath the willow
Whose branches still weep and deplore.

But up to the place they call Heaven,
Whose gates, we are told, are so white,
I know his kind spirit ascended
To dwell as an angel of light,
To live the strange life not incarnate
In realms where there cometh no night.

Feb. 23, 1906. Wm. F. Palmer.
[Teacher of English Literature, Cleveland, O.]

BOOK REVIEWS.

Diseases of the Eye.

A Handbook of Ophthalmic Practice. By G. E. De Schweinitz, M. D., Professor of Ophthalmology in

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the University of Pennsylvania. Fifth edition, revised and enlarged. Octavo of 894 pages, 313 text-cuts and 6 chromo-lithographic plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00, net; half morocco, $6.00, net.

Dr. DeSchweinitz's work on the eye is so well known that anything but a mere mention of the new edition seems superfluous. The success it has achieved is readily accounted for if one but glance through its contents. In this edition, enlarged by the addition of new matter to the extent of some one hundred pages, there have been added, amongst other subjects, chapters on the following: X-ray Treatment of Epithelioma, Xeroderma Pigmentosum, Purulent Conjunctivitis of Young Girls; Jequiritol and Jequiritol Serum; X-ray Treatment of Trachoma; Infected Marginal Ulcer; Keratitis Punctata Syphilitica; Uveitis and Its Varieties; Eye-ground Lesions of Hereditary Syphilis; Macular Atrophy of the Retina; Worth's Amblyoscope; Stovain, Alypin; Motais' Operation for Ptosis; Kuhnt-Muller's Operation for Ectropion; Haab's Method for Foreign Bodies, and Sweet's X-ray Method of Localizing Foreign Bodies. Other chapters have been rewritten. The excellence of the illustrative feature has been maintained and thirty-three additional text-cuts have been added. Dr. DeSchweinitz's work was long ago recognized as an authority, and this new edition goes a long way in strengthening its reputation, if any strengthening be needed.

Nursing in the Acute Infectious Fevers.

By George P. Paul, M. D., Assistant Visiting Physician and Adjunct Radiographer to the Samaritan Hospital, Troy, New York. 12mo of 200 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, price, $1.00, net.

It is evident to us that Dr. Paul has written his book on Fever Nursing especially for the nurse and with a knowledge of the subject that can have been gained only by intimate association with routine hospital work. The care and management of each fever has been accorded special attention, as these subjects are of particular interest to the nurse. The author has divided his work into three parts: The first treats of fevers in general; the second of each fever individually; the third deals with practical procedures and informations necessary to the proper management of the various diseases discussed, such as antitoxins, bacteria, urine examination, poisons and their antidotes, enemata, topical applications, antiseptics, weights and measures, etc. Altogether, it will be found that Dr. Paul has rendered a valuable service, not only to the nursing but also to the medical profession, as much of the information given is not without the frequent needs of the general practitioner.

The Operating Room and the Patient.

By Russell S. Fowler, M. D., Surgeon to the German Hospital, Brooklyn, N. Y. Octavo of 172 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $2.00, net.

In Dr. Russell Fowler's admirable work we have a book that has long been needed, one to our knowledge is unique in that t is the only work on the market devoted entirely to operative technic, with the pre-operative procedures of sterilization and preparation. Written by a surgeon of rich clinical experience for the use of surgeons, nurses assisting at an operation, and hospital internes, it clearly describes the preparation of material of all kinds, indicates the instruments required for the various operations, details the preparation and care of the patient before and after operation, and the methods of anæsthetization, describes and illustrates the position of the patient for different operations, and contains all other information a knowledge of which is necessary to produce the highest efficiency. Indeed, it is a most excellent and most valuable work for practical use, and the opearting surgeon will find it of additional value as it furnishes him a guide to which he may readily add his own variations of technic.

A Treatise on Surgery.

In two volumes. By George R. Fowler, M .D., Examiner in Surgery, Board of Medical Examiners of the Regents of the University of the State of New York; Emeritus Professor of Surgery in the New York Polyclinic, etc. Two imperial octavos of 725 pages each, with 888 text illustrations and 4 colored plates, all original. Philadelphia and London: W. B. Saunders Company, 1906. Per set: Cloth, $15.00, net; half morocco, $17.00, net.

We have been looking forward to the appearance of this work with the greatest expectations, for Dr. Fowler's endeavors in the field of practical surgery have been such as to stamp his writings with unquestionable authority. It is not too much, indeed, we feel it is too little, to say that our expectations have been fully realized. The work is a masterpiece. It is an accurate, up-to-date treatise on surgery, skilfully presented. This entirely new work presents the science and art of surgery as it is practiced to-day. The first part of the work deals with general surgery, and embraces what is usually included under the head of principles of surgery. Special attention is given to the subject of inflammation from the surgeon's point of view, due consideration being accorded the influences of traumatism and bacterial infection as the predisposing and exciting causes of this condition. Then follow sections on the injuries and diseases of separate tissues, gunshot injuries, acute wound diseases, chronic surgical infections (including syphilis), tumors, surgical operations in general, foreign bodies and bandaging. The second part of the work is really the clinical portion, devoted to regional surgery. Herein the author especially endeavors to emphasize those injuries and surgical diseases that are of the greatest importance, not only because of their frequency, but also because of the difficulty of diagnosis and the special care demanded in their treatment. Throughout special attention has been given to diagnosis, the section on laboratory aids being unusually excellent. The text is elaborately illustrated with entirely new and original illustrations, and evidently neither labor nor expense has been spared to bring this feature of the work up to the highest standard of artistic and practical excellence.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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MAY 1, 1906.

Editorial.

A TEAPOT TEMPEST.

Some of our homœopathic contemporaries of high esteem have been reproducing for several months, as occasion offered, specimens of the prescribing done in Cook County Hospital, Chicago, on the homœopathic side. We will say at the onset that we do not approve of the manner in which these exhibits were presented, for to our mind the forcefulness of the intent was greatly diminished by the mention of the *names* of the prescribers, the attention being immediately called from the material presented to the *men*. We do not at present recall the names of those found to be in error according to the "exhibits," but we know that most, if not all of them are good, loyal homœopathic physicians, who are able to make just as good prescriptions as the ones who criticise them, and, as we said in our last issue, doubtless there are some mitigating features. As these are not given, we purpose to give a view of the matter as we see it. We shall mention no names. We respect those who made the prescriptions, we know they are good doctors, and our criticism is not directed to the personel but to the facts of the case.

A year or two ago there was appointed by the American Institute of Homœopathy, a committee for clinical research, which was to endeavor to get comparative statistics of the allopathic and homœopathic methods of treatment in our various institutions, to determine whether we had any basis for our assertion that the homœopathic method was superior in practice to that of the old school. It was desired especially that this matter be taken up in those institutions throughout the country where both systems were practiced,—this for obvious reasons. There seems to be a demand that is growing, not only to have a fair comparison of the results of our practice, but also that our provings be investigated by an impartial jury, the latter feature having been mentioned in the April issue of the Medical Century.

Cook County Hospital is one of the institutions which have homœopathic, allopathic, and, we believe, eclectic wards. Where could there be a better place to compare our results than right here? We cannot, however, believe that the treatment presented in these exhibits represents Homœopathy in any shape, form or fashion. That our readers may judge, we reproduce briefly a resumé of the diseases and the drugs employed in the treatment, and leave the decision to them. The number of exhibits that have come to our notice is fifteen:

1. Gastritis. Castor oil, Calomel, Sodium carbonate.

2. Diabetes. Sulphate of Magnesia, Codeine, Calomel, Sodium bicarbonate.

3. Typhoid Fever. Sulphate of Magnesia, Methylene blue, Castor oil, Sodium salicylate, Oleum gaultheria (for rheumatism).

4. Cephalalgia and Hæmorrhoids. Phenacetin, Caffeine citrate, Potassium iodide, Codeine, Sulphate of magnesia.

5. Rheumatism. Sulphate of magnesia, Sali cylate of sodium.

6. Pleurisy. Sulphate of magnesia, Citrate of potash, Infusion of digitalis, Sulphate of strychnia, Croton oil.

7. Typhoid Fever and Abscess. Castor oil, Guaicol carbonate, Morphine sulphate, Elixir of iron, Quinine and Strychnine, Cascara sagrada.

8. Mitral Regurgitation and Abscess. Potassium citrate, Sulphate of magnesia, Atropine, Strychnia sulphate.

9. Pleurisy, Heart and Kidney Lesions. Sulphate of magnesia, Potassium iodide, Sodium phosphate, Codeine, Infusion of digitalis.

10. Tonsillitis. Dobell's solution, Elixir of wine of iron and Strychnia, Potash crystals, Castor oil.

11. Scarlet fever. Dobell's solution, Calomel, Elixir of iron, Quinine and Strychnine.

12. Gonorrhœa. Pulv. glycerrhyza comp. Magnesium sulphate.

13. Syphilis. Chlorate of potash, Sulphur ointment, Cascara sagrada.

14. Syphilis. Boric acid, Silver nitrate, Calomel, Bichloride of Mercury, Protoiodide of mercury, biniodide of mercury.

15. Abscess of Liver. Guaiacol, Trional, Hyoscyamine hydrobromate, Castor oil and Charcoal, Strychnia sulphate, Elixir iron, Quinine and Strychnine, Morphine sulphate.

Were there no homœopathic remedies given? Oh, yes, some of the cases received—what? The indicated remedy (?).

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Some of these cases recovered, some were improved and some died. What cured, what improved, and what killed them? Did those that died die of the disease, of the drugging, or of the indicated remedy? Did those that got well get well because of the treatment; if so, what drug cured them, or was it their own vitality that predominated in the end? Furthermore, is this a kind of treatment that we can show to our allopathic confreres, and say, "This is Homœopathy as is practiced in the year of our Lord 1906. This is the kind of treatment we are willing to compare with yours!"

No, siree; we do not stand for this treatment. It is not homœopathic, it is not even the best allopathic, and any self-respecting eclectic would repudiate it. We can compare it with nothing we can think of in the medical line. It is not as good as the allopathy of Hahnemann's time, and we desire to enter our protest against such treatment, for it is not in any way connected with Homœopathy. Fancy a student of medicine being initiated into clinical Homœopathy with this mess of cases set before him. Would he not be nauseated and seek other pastures? No, gentlemen, let us have in our institutions, where we are working side by side with our allopathic confreres, something that is homœopathic, and the more ultra-homœopathic it is the greater the contrast. We would not be afraid to have a comparative test made. The results would prove that we had a solid bottom on which to stand.

Quite naturally in this connection comes a discussion of the regular homœopathic medical society formed recently in Chicago. We say quite naturally because the secretary of the society and presumptively the active spirit in its organization and management is the author of the letters which have been quoted above.

It is a well recognized principle that a mistake is made when strength is divided. We recall the story of the dying man, who called together his sons, and demonstrated to them how easily an individual stick from a bundle could be broken, and how difficult it was to break the bundle as a unit. The principle is universally recognized as true. "United we stand, divided we fall." The society was organized, as we understand it, by those who felt that they could not find in existing societies congenial surroundings. And with this, perhaps, no fault may be found, though there is always a question as to whether they might not have exerted more force if they had remained members of the existing society and exerted their influence to bring about a change from what they might consider wrong in its actions and principles. It's the same story which we have to tell concerning the International Hahnemannian Association. And, by the way, it's curious that the leading spirits in the new regular society are also the leading spirits in the I. H. A., all except the honorable president, whose office is generally considered to be an inactive one. But be that as it may, the other members of the board of officials are, we believe, active in the management of the national organization. We have always felt that the existence of this latter society is a distinct mistake. And, too, we believe it to be unwarranted by existing facts. This for the reason that it means a division of strength when all should be united. It is a sign of weakness when those who are dissatisfied go off and flock by themselves. And unless the principles involved are of the strongest, it means nothing more or less than failure. The American revolution would never have resulted successfully had not the principles involved been of the weightiest character. Nor would Luther's revolt have resulted as it did had he not represented right that was absolute. We doubt very much the success and stability of this movement, as we have doubted and do doubt the success and stability of the I. H. A. We believe that the better way would have been to have united forces on the best ground possible, and made a strong effort towards the return to pure Homœopathy, if there has been diversion from it.

And, as we have shown, there has been this diversion. While we still hold that there is another side to the story, and that the attack bears the imprints of malice, we feel that the record of Cook County Hospital is not one which we would desire to have the world take as representing Homœopathy. It is necessary, absolutely so, that we disavow it, for unless we do, it will be pointed out by many as convincing evidence of two things, one that the Homœopath practices one thing and preaches another; and again, that there is no marked difference between the practice of the old school and that of ours. So long as we adhere to a belief in the truth of the law of the similars, just so long must we practice it. When we cease to practice it we tacitly acknowledge that our belief in it is no longer what it has been. The evidence of the Cook County Hospital records shows but little belief in the real principles of our law, and too great tendency to seek effects from other sources. At least, so it appears on the surface. What is underneath we knok not.

The whole situation is unfortunate. This is shown in many ways. First and foremost, that there should be such a record in Cook County Hospital. We believe the cases might have been treated with a more strict regard for the ability of homœopathic remedies to cure disease. It looks much as though there had been an altogether too great a tendency to seek false gods.

Then, too, it was unfortunate that in publishing the records so much stress was laid on the man. That shows a mind too easily biased and too prone to lose sight of the eternal fitness of things. That sort of a mind should be in the ranks serving as a private rather than trying to fill the shoes of a leader.

Again, it is unfortunate that there might not have been found less drastic measures than the formation

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of a new society in order to bring about desired results. Men are susceptible to reason. No matter how obstinate he is, when a man is confronted with proof of his error, presented in the proper manner, he will acknowledge the proof. But you can't convert a man by calling him names. He does not like that sort of treatment. He likes to be led, and will not submit to be driven.

And, finally, we are optimistic enough to believe that the whole matter is a tempest in a teapot, and that in after years, under the influence of mellowing age and loving cups and all that sort of thing, the present active participants in the affair will look back and smile at their impetuosity and boyishness.

TO POISON OR NOT TO POISON.

The passage of a pure food law by the Congress of the United States should be a measure deserving the gratitude of the entire American people. That there could be any opposition to such a measure excites some surprise, and the surprise is increased that this opposition comes from those whose business should be to know the effect of the various substances employed either for the adulteration or preservation of food. That certain persons should appear and give testimony as to the harmlessness of certain drugs exhibits either a personal interest or a profound ignorance of the action of these drugs continuously used, even in small doses, on the healthy human body.

There is perhaps no class better prepared to combat the fallacies of such views than the physicians of the homœopathic school of medicine. This school of medicine has for over one hundred years been the only one to experiment with and to record the actions of various substances on healthy man. This school does not rely upon experiments upon animals differing widely in anatomy and physiology. It knows that many plants and drugs violently poisonous to man are innocuous in certain animals.

Physicians of the homœopathic school of medicine are fully aware that, in many instances, certain drugs, taken in moderate amounts for a short time, produce no baneful effects because of the natural resistance of the human body and its power when in health to promptly throw off these effects. But these same physicians recognize and know from extensive experimentation that there is no drug that is incapable of producing disastrous consequences if taken continuously and for a long time, even in minute amounts.

For many years it has been heralded by chemists and seconded by physicians of the school which depends upon experiments upon animals for conclusions that Borax and Boric acid as food preservatives were in the small amounts employed for the purpose harmless. Prof. H. W. Wiley, government chemist in the employ of the Department of Agriculture, however, took the practical way of deciding the question, and proved beyond question that Borax even in small quantities was decidedly injurious to the healthy human body when continuously given, and what symptoms did he obtain? None that could not have been furnished him by any homœopathic physician on the action of Borax since its first thorough experimentation on the healthy human body seventy-five years ago.

The committee in Congress which had the pure food bill in charge this winter, received before it the testimony of one of the leading physiological chemists of the country on the harmlessness of Benzoic acid as a food preservative. This testimony must have caused homœopathic physicians to smile if the press reports of the same were correct. Benzoic acid was proved by Dr. Jeanes, of Philadelphia, about 1845, and the first volume of the American Institute Transactions contains its record. He observed, from his knowledge of the drug's action, symptoms of it in those who took paregoric, of which it is one of the component parts. Its symptomatology shows it to be far from a harmless drug, having a profound action on the kidneys and urinary organs, and it certainly should not be permitted as a food adulterant or preservative.

We might show a long list of harmful substances used as food adulterants that we of the homœopathic school know from experiment to be capable of pro ducing a long train of symptoms, but we will only cite a few. Salicylic acid was tested by us in the seventies, it is used as a preservative of wines and other substances. Cocculus indicus is an adulterant of beer, and so is Aloe, and their effects are not hard to recognize by those who know. Candies are colored by Cinnabar, Lead, Arsenite of copper and Salts of iron. Pickles are greened by Copper. Alum is found in some breads. Sulphite of soda in butter. Zinc and Copper in dried apples. Even so-called "permitted coloring matter" as Saffron (Crocus sativa), Cochineal (Coccus cacti), Indigo and various "berries" are known to be disease producing drugs, and many of their symptoms have been known in our school for a hundred years. It would not be an inopportune suggestion to the Department of Agriculture to possess itself of a copy of Allen's Encyclopædia of Pure Materia Medica, published some thirty years ago. It gives in detail the disease producing powers of many, if not the majority of the food adulterants used at the present day.

One of the most ridiculous arguments we have seen in favor of food adulteration, at least, in opposition to a pure food law comes from the pen of Dr. R. C. Eccles, of Brooklyn, N. Y., in an article appearing in the St. Louis Medical Fortnightly, entitled "The Wholesale Poisoning Scare." He argues among other things that because prices of foods are high, preservatives should be used to keep them down, that because nature has put in certain foods Borax, Benzoic acid, Salicylic acid, and we might

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suggest also Oxalic acid, that these substances can be used as food adulterants or preservatives. He brings the absurd analogy that because we do not use the clothes nature provides for us, but wear artificial ones, we can improve our foods artificially likewise. Another absurd argument is that the long use of a drug diminishes the possibility of ill effect, and instances tobacco and alcohol, and makes the proposition that if any one will take ten pounds of sugar at a meal he will take ten grains of salicylic acid at a meal, and prove thereby that sugar is more injurious than salicylic acid. Truly, he does not expect much, but if he will make it ten grains of Arsenious acid or Oxalic acid, both of which are constituents of some plants used as foods, he might find someone who would be willing to accept his proposition for a single meal.

An important point we believe is over-looked by those who favor the use of preservatives in foods, and that is that foods are used by both healthy and the sick. All have to eat food, and while it is probable that the healthy may from their very health be able to overcome for a considerable period of time the effects of these adulterants, those whose health is below par will suffer all the sooner therefrom, and we can see no reason why the unhealthy should be subjected to "wholesale poisoning."

Pure food concerns us much more than pure medicines; we do not all have to take medicines, and when we do we should seek a responsible physician rather than a druggist, but by all means let us have a pure food law, and it cannot be too stringent in its provisions.

Editor's Table.

GENERAL NOTES.

The Boston School of Medicine received the gold medal awarded to it on its exhibit at the Louisiana Purchase Exhibition at St. Louis in 1904.

Dr. Frederick C. Shattuck, professor of clinical medicine in Harvard Medical School, read before the Boston Homœopathic Medical Society at its March meeting a paper, entitled "The Value of Drugs in Therapeutics." The paper was one of the most liberal we ever remember seeing from a member of the allopathic school, and its reception by the members of the society was gratifyingly cordial. Dr. Richard Cabot was also present, and spoke to the society, urging that tests be made to get evidence on the question. Dr. Wilcox's plan would certainly be welcomed by these gentlemen.

Dr. C. L. Hyde, University of Michigan, '06, has secured the interneship of the Montreal Homœopathic Hospital.

The annual Grand Council meeting of the Grand Council of the Alpha Sigma Fraternity was held in New York on April 6th and 7th. Representatives from seven chapters were present. A banquet was given at the Cafe Martin on the evening of the first day. Toasts were responded to by Drs. Dieffenbach, Lloyd, Fiske, Price, Hutchinson, Bidwell. A theatre party was given the visiting fraters at the Hippodrome on the second evening. The organization was perfected to admit the election of alumni officers, and Dr. R. S. Copeland, of Ann Arbor, was elected President, and James L. Gray, of Chicago, Vice-President; Secretary, Dr. William H. Price, of Brooklyn; Treasurer, Dr. Frederic W. Smith, of Philadelphia; Chancellor, Dr. Burt B. Clark, of New York.

All sorts of rumors have been afloat as to the illness of Dr. Frank Kraft, of the American Physician. He has had paralysis, apoplexy, cerebro-spinal meningitis, epilepsy, and hysteria, according to reports. We are glad to announce that he has recovered from all these "dire diseases" and is in good health.

We remarked in a recent issue anent the change of name from the Denver Homœopathic Hospital to the Park Avenue Hospital, that the former meant more to us. We do not believe in lowering the name homœopathic in a single instance, especially at the present time. When our opponents will respect it we'll have less necessity to use it. We have heard it rumored that one of our oldest homœopathic colleges was to remove the name homœopathic therefrom, substituting the name of a benefactor, from whom some million dollars is expected. We do not consider it a wise move to do this. A man who believes enough in Homœopathy to give a million should not object to having homœopathic appear with his name.

The Rock River Institute of Homœopathy held its quarterly session at the Whiteside Hotel, Morrison, Illinois, on Thursday, April 5th. A fine program as usual was presented.

The Illinois State Homœopathic Association meets in Chicago, May 8th, 9th, 10th and 11th. A large attendance is expected.

The Chairman of the Committee on Organization, Registration and Statistics in his report just issued was unable to secure any report after repeated endeavors from the Hahnemann College, of Chicago, the Southwestern Homœopathic College, and the Kansas City Hahnemann College.

Dr. William E. Leonard, of Minneapolis, has the felicitations of the Medical Century on his marriage to Miss Lonita Heishley, of Philadelphia, on April 17th.

The Southwestern Michigan Homœopathic Medical Society was organized at Kalamazoo in March, with representatives from five counties present. Addresses were made by Dr. W. E. Clark, of Three Rivers, President of the State Society; Dr. R. S. Copeland, of Ann Arbor, and Dr. A. B. Grant, of Albion. The officers of the new society are: Dr. A. B. Cornell, of Kalamazoo, President; Dr. Low, South Haven, Vice-President, and Dr. Van Horn, of Otsego, Secretary and Treasurer. This is carrying out the program of the Michigan State Society to have sectional societies in different parts of the State.

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The April meeting of the Cincinnati Homœopathic

Lyceum consisted of a paper by Dr. J. D. Buck on the Cure of Consumption and one on Cachexia by Dr. H. H. Wiggers.

The twelfth annual report of the Gowanda, New York, State Homœopathic Hospital shows our Western New York Asylum to be in a most flourishing condition under the able superintendency of Dr. Daniel H. Arthur.

Dr. E. R. Gregg, of Pittsburg, was married to Miss Janet Walker, of Allegheny, on April 26th. Congratulations.

Dr. E. H. Porter, Chairman of the Legislative Committee of the New York Homœopathic Society, has published a circular opposing the bill to regulate the practice of medicine in the State of New York, which we hope all our subscribers in this State will read and take immediate action as requested. The proposed enactment puts the entire matter in the hands of the Board of Regents, and does away with separate examining boards. It is simply the taking away of our privileges and placing our control of our own students in the hands of our allopathic opponents. The footprints of the cloven hoof of allopathy are distinctly visible all through the measure.

The very best prayers failed in the case of the daughter-in-law of the founder of the Christian Science sect, Mrs. M. B. Eddy. A surgeon removed a large tumor, and she is now in perfect health.

Dr. H. F. Biggar, of Cleveland, Ohio, has our thanks for the reprint, "When Cæsarian Section," recently issued.

The Ohio Sanatorium Co., also known as Sawyer's, have issued some circulars calling attention to their facilities for treating mental diseases, alcoholics, drug habitues, the crippled and deformed, and urging homœopathic physicians to send their patients there instead of to allopathic institutions. We certainly owe our institutions, all of them, colleges, hospitals, periodicals and sanatoria, our individual support, and should contribute as little as possible to the support of unfriendly institutions.

Dr. C. W. Eaton, of Des Moines, Iowa, has been selected to take up the work of the late Doctor Gilchrist in the University of Iowa Homœopathic College for the remainder of the college year.

Mr. E. W. Runyon, of the firm of Boericke & Runyon, sailed for Naples on April 3d. Mr. Runyon will visit Italy, Switzerland, Germany, France and England. He is to have as a travelling companion Dr. William Boericke, and we shall watch for cable reports of their conduct.

The American Medical Union is an organization that has been formed in opposition to the "autocratic tendencies of the American Medical Association." It denies their self-imposed right to censor colleges, to say who shall practice medicine, to say who shall or shall not attend school, and who "sit as judge and jury, complainant and witness upon all those who do not obey to the letter the code of ethics that it has written." We wish the Union success. It has our sympathy.

The Physicians' Casualty Association, which was organized four years ago to provide reliable accident insurance to its members, seems to be making substantial progress, judging from its annual report, which shows a net increase of over 50 per cent. in membership the past year, and equal gains in income and amount paid for weekly indemnity claims. The total annual cost has never exceeded $12.00 per member. Physicians interested should write for particulars to E. E. Elliott, Secretary, at Omaha, Neb.

Dr. C. E. Fisher, ertswhile editor of the Century, ex-president of the American Institute, and now chief surgeon for the MacArthur Brothers—the great railroad construction company—made a visit to Washington recently, where he was welcomed and entertained by his old friends. He examined our new hospital building, and expressed surprise that we hadn't bragged about it; pronounced it the finest he had ever seen.

Dr. Fisher is about twenty pounds heavier than was his wont, and is in perfect health. (He weighs much more since he became a grandfather!)

His company has one hundred and twenty miles of tide water road to build. He has six "line physicians" under him, and others coming; while he runs the finely equipped and up-to-date hospital, doing all the operating, and has a general supervision of the sick and injured. And it is needless to say that with four to five thousand men to care for he has abundant opportunity to try both the steel and the similimum.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

Dr. E. K. Thompson died athis home in this city on the 27th of February. His illness was of short duration, and his untimely death a pronounced shock to his host of professional and lay friends. Dr. Thompson came to Kansas City from McPherson, Kansas, five years ago, and at the time of his death occupied the chair of Theory and Practice in the Kansas City College. A wife and son survive him.

The St. Luke's Hospital of the Church Charity Association was opened to the public by the Episcopalian church of the Kansas City Diocese, in February. Reputable physicians of all schools are admitted.

Drs. A. Kendall, E. S. Lemon, E. P. Mills and others from the Sun Flower State were in Kansas City the first week in April.

A resolution was passed at the late meeting of the Kansas City Homœopathic Society commending the present city physician, Dr. St. Elmo Sanders, for his fairness to the Homœopaths who hold clinics at the City Hospital.

Dr. H. C. Allen, of Chicago, was to deliver an address before the Kansas City Homœopathic Society on the evening of April 3d, but unfortunately was unable to be present because of professional matters. Several physicians from out of the city were greatly disappointed. However, Dr. Clay E. Coburn presented a paper upon exophthalmic goitre,

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which was well received, and Dr. P. F. Peet delighted his hearers with an impromptu talk upon the pathology and treatment of syphilis.

Dr. J. L. Alexander went to New York in March for six weeks' special work in surgery.

Dr. J. F. Elliott and wife were guests of the president of a lumber company on a recent trip to the Gulf of Mexico. Dr. Elliott is reported to have surprised everybody in the party with his oratory.

Dr. Joseph M. Patterson left his busy eye and ear work in March for a three weeks' sojourn in Hot Springs, Ark., and other Southern points.

Dr. Wm. A. Forster, President of the Missouri Institute of Homœopathy, and professor of surgery in the Kansas City College, was recently married to Mrs. Ida M. Wilson, of this city. They are at home, 1003 Brooklyn avenue.

WASHINGTON NOTES.

BY H. I. SILVERS, M. D., WASHINGTON, D. C.

Dr. S. S. Stearns has been quite ill and confined to his bed.

The examinations for internes at the homœopathic hospital of this city were held on March 31st. There were two appointments. The sucessful men were Dr. Merton Twogood and Dr. Sappington, both of Hahnemann Medical College, Philadelphia, class of 1906.

The meeting of the Washington Homœopathic Medical Society, held at the Hotel Shoreham, on March 27th, was entirely given over to the discussion of the tubercular problem in the District, with the consideration of several bills placed before our society.

The bill passed by the Homœopathic Society was similar to one passed by the allopathic society, though neither was aware of the contents of the other.

The bill in its main features provided for registration of all indigent patients suffering from pulmonary tuberculosis, together with their nativity, sex, age, color, and place of last residence. It further provided for free examination of sputum and such other examinations as shall be necessary to arrive at an accurate diagnosis or contribute toward such.

It also provided for the free disinfection of clothing and premises lately occupied by patients suffering from pulmonary tuberculosis.

The physician attending any patient with this disease shall be authorized to register or report a patient, particularly if a patient by his avocation or habits becomes a menace to the health of those associated with him.

The bill, of which the foregoging is the gist, was passed by the society and placed in the hands of the president for use at such a time as should be necessary.

Congress has not taken up this subject in its District business, and it is somewhat doubtful if they can consider it before the session ends. Should the matter reach Congress, we have a bill to present to them which covers the conditions in the District of Columbia without working too great a hardship upon the sufferers.

OBITUARY.

Dr. James G. Gilchrist,

Professor of Surgery in the homœopathic department of the University of Iowa, died last month. Dr. Gilchrist was one of the most prominent homœopathic surgeons of the West and a voluminous writer on homœopathic therapeutics of surgical diseases. His death will be a severe loss to the University of Iowa, where his skill and his quiet gentlemanly bearing endeared him to all with whom he came in contact.

Dr. Paul N. Zilliken,

Hoffman, Ill., March 18th. Homœopathic Medical College, Mo., 1892.

Dr. James D. Easton,

Elmira, N. Y., March 26. Homœopathic Hospital College, Cleveland, 1876.

Dr. William D. Williams,

London, O., March 22d. Homœopathic Hospital College, Cleveland, 1865.

Dr. John B. Hunt,

Westernville, O., March 20th. Homœopathic Hospital College, Cleveland, 1863.

Dr. S. A. Hageman,

Walnut Hill, O., March 22d. Pulte Medical College, 1881.

Dr. Everett Hasbrouck,

of Brooklyn, N. Y. A graduate of the New York Homœopathic College, class of 1865, and a former member of the New York State Board of Examiners, died March 16th, aged 66.

The San Francisco Disaster.

A few days ago we received a notice of the opening of the new magnificent hospital in San Francisco, and almost immediately following came news of the destruction of the beautiful city by fire and earthquake. As we read the reports we are inclined to believe that our college and hospital have been spared, as they were located outside of the burned district.

However, many of our physicians have suffered immense losses, and in harmony with the feelings or humanity that has prompted the American people all over the land to send assistance to the unfortunate city, appeals are being made to our physicians to aid their brethren. We have received subscriptions already from some of our subscribers. President Green, of the Institute, has sent an appeal to our physicians throughout the land; he has appointed Dr. James C. Wood, of Cleveland, O., to act for the Institute, and requests that all contributions be forwarded to him at once. Any amount will be gratefully received. The homœo-

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pathic profession of New York has issued a circular appealing for aid, Dr. G. DeWayne Hallett, of 128 West 85th street, New York City, is treasurer. Contributions should be sent to him at once.

Aid given promptly is twice given. Everyone who gives, whether little or much, is doing something to lighten the heavy lot of those who know a desolation, the like of which is seldom seen.

We do not need to urge upon our subscribers to send their mites at once to either of these gentlemen. Do not send subscriptions in conjunction with any old school society as our physicians will get none from such a plan. Remember that nearly all of our brethren of San Francisco and nearby towns have lost both home and office, and that many are destitute. We can do much to relieve them, and it is our duty to do it without delay.

We are glad to give to our readers another gem of poetry from the pen of Dr. F. H. Orme, of Atlanta, Georgia. The verses were written upon the discovery by him that gray hairs had shown themselves upon his wife's head.

We Have Seen One Another Grow Gray.

(Air: Rosin the Beau.)

Well, now we're a gray-headed couple,
Resolved to be cheerful each day;
We have seen much enjoyment together,
And have seen one another grow gray.

We have wrestled with life's common troubles,
But in harmony all of the way;
We have had our share of life's blessings
As we have together grown gray.

The comforts of home and of children
We have known and enjoyed every day;
We've valued our friends and our kindred
While we have together grown gray.

And now that we're facing the sunset
We have nothing regretful to say;
We have loved, and enjoyed life together
While we have together grown gray.

—O.

August 14, 1905.

BOOK REVIEWS.

A Manual of Materia Medica, Therapeutics and Pharmacology.

With Clinical Index. By A. L. Blackwood, M. D., Professor of Materia Medica and Clinical Medicine in the Hahnemann Medical College, Chicago. 592 pages. Flexible leather, gilt edges, round corners, $3.50; postage, 6 cents. Philadelphia: Boericke & Tafel, 1906.

The chief charm of this work consists in giving something that no other work gives in just the same way. The materia medica part is entirely physiological. No symptoms of the provings are given. The parts given to description and preparations are concise and to the point; the heading Dosage is mostly very low in potency, sometimes crude, and we should judge in some instances not subphysiological, and hence unhomœopathic. For instance, under Aralia racemosa, 5 to 30 drops of the tincture is given as a dose. It certainly must be the physiological action that is sought. We have used the remedy more successfully in the 6 and 30 potencies.

The heading Therapeutics is by far the best in the book. In it will be found many useful hints as to use of the remedies in various affections well presented. There is also a good clinical index.

Our only objection to the book is the price. True, it has 600 pages, is finely bound, and a handy volume for reference, but like Boericke's Materia Medica, which is practically the same size, it costs too much for students, and they are the chief buyers of these works.

It forms a very excellent companion volume to Boericke's Materia Medica. The therapeutic part of Blackwood, the preparation and description of drugs is perhaps better than Boericke. The materia medica and dosage of Boericke is to our mind far better than Blackwood. Therefore, the two works supplement each other nicely, and we "could be happy with either were the other dear charmer away."

A Text-Book on the Practice of Gynæcology.

For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Fellow of the American Gynæcologic Society; Professor of Gynæcology in the Medico-Chirurgical College of Philadelphia. Second edition, revised. Octavo of 1,079 pages, with 1,046 original line drawings. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.50, net; half morocco, $7.50, net.

The fact that two editions of Dr. Ashton's new work have been required in the short period of six months indicates beyond a doubt that the medical profession was quick to appreciate the practical merits of the book; indicates that the general practitioner wants a treatise on gynæcology that does not assume him to be an expert gynæcologist, but rather describes in detail, not only what should be done in every case and emergency, but also precisely how to do it. Owing to the short time that has elapsed since the appearance of the first edition, and also from the thorough manner in which Dr. Ashton handled his subject originally, the changes in this edition are necessarily few in number and limited chiefly to the correction of a few typographic errors and the alteration of several of the illustrations. In reviewing this new edition we cannot refrain from again speaking of the very practical illustrations. There are 1,046 of them, all original line drawings made especially under Dr. Ashton's personal supervision, from actual apparatus, living models, dissections on the cadaver, and from the operative technics of other authors. All superfluous anatomic surroundings are eliminated and the operations and procedures are detailed step by step with a clearness and accuracy we have never before seen. Certainly, the success the work has won is well deserved and fully to have been expected.

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Medical Century

A Journal of Homeopathic Medicine and Surgery.

Volume XIV. Number 6. JUNE 1, 1906. Postal Union, $2.50. Per Annum, $2.00.

Neurology.

"HOMŒOPATHY IN NEUROLOGY."

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

There is no branch of medicine in which the application of remedies, according to our therapeutic law, is more efficacious than in neurology. While this is true, it is also an undisputed fact that in no other branch is there to be found a greater number of diseases in which the law is of no avail.

In what class or classes of cases is it useful, and in what of no use? Of course, in the purely surgical cases it can be of no service except, possibly, as palliative or adjuvant. By purely surgical I mean those in which operative interference is clearly indicated. For instance, a cerebral abscess; no application of the affiliated remedy according to our law or any other can possibly cure, the pus must be removed by mechanical means. This kind of a case illustrates also what I mean in speaking of adjuvant and palliative. We meet very few cases of cerebral abscess in which there is not severe pain; this can be frequently kept under very good control through the careful use of the indicated remedy. Then in many of these cases there is a susceptibility to infection as one of the factors in producing the abscess, or there will be left following the infection predisposition or lack of the right kind of metabolism, and as a result the surgical work does not produce a complete cure; here the affiliated remedy is often the only thing that will.

In cerebral hæmorrhage, embol and thrombus, it is clearly evident that affiliation of a remedy is utterly impossible, and can be of no benefit whatever.

Bear in mind that in using these terms, I am not referring to anything except the actual rupture of a blood vessel, by embol or thrombus, and the symptoms and conditions directly resulting. The clot must go through its natural progress, and will leave a certain scar. The embol may be broken up and washed on by nature, or collateral circulation will take place, and leave a small area unnourished and incapable of function. In thrombus collateral circulation again will remove many of the immediate symptoms.

While it is true that the law of similars can not be of any benefit in these conditions, it is equally true that these purely mechanical conditions are necessarily the result of some abnormal process (if not purely traumatic) within the body, and our law is available for the correction of these conditions before the accident occurs, thus preventing attack, and again, later, to prevent future attacks.

I fully appreciate that claims based on prevention are subject to an element of doubt. Still I have seen so many cases in which I fully believe there was a certainty of future attacks in which they did not recur, and did improve under the administration of the indicated remedy, that I am personally convinced that it did prevent.

In the epileptic cases again it is clear that those caused solely by some reflex irritation, as, for instance, some error of refraction, no treatment will avail except the correction of the cause by surgical or mechanical means.

On the other hand, in that very large number not due to reflex irritation, idiopathic epilepsies, there can to-day exist not the slightest doubt as to the efficacy of the law. This is a field in which our school of medicine has shown its efficiency in a most marked degree. The percentage of cures is far greater than in our old school, and would be still greater with us if we would all comprehend that in prescribing for these cases we must undertake to affiliate the remedy to the patient in the main, considering the special symptoms in connection with the attacks as of secondary importance. Indeed, epilepsy is a great field for the demonstration of our law.

The next classes of cases to which I want to call attention are those seemingly incurable of the various degenerative types, such as locomotor ataxia, progressive muscular paralysis, paralysis agitans, multiple sclerosis, and others.

We have here a field in which the disease or abnormal process is entirely within the system's economy. In which the pathological changes are entirely the result of abnormal metabolism. Here we ought, it would seem, to be entirely successful. It is on the ability of the affiliated remedy to change abnormal to normal metabolism, to overcome prenatal influences, to change predispositions from unhealthy to healthy, that we must rely. It must be always by the power of our remedies to set in motion normal in place of abnormal impulses that they accomplish their work.

We, however, are obliged to admit to-day, that we have been able to accomplish very little through the application of our law. The question has been constantly before me for many years; why? I do not know that I can give any satisfactory answer. I fully believe that in the future our very greatest and almost satisfactory result will be in this line. If that which Hahnemann promulgated is really one of

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nature's laws, it must be applicable to these cases, if not, it cannot be one of nature's laws. Still the question, Why this utter failure? These are all cases in which the constant tendency is to destruction of nerve tissue, that attack the very life of nerve tissue, thus not only producing degeneration, but destroying the power of regeneration. Still if a law of nature it must be applicable, and I believe it is. I recognize how weak and inane it is to crawl under the old excuse, we have not yet learned enough of our law, our provings have not been made with sufficient care and under scientific methods, and yet I propose to place myself right there squarely.

We would not if we were allowed, ever dare to conduct any proving to the extent of even starting any of these changes that must result in these degenerations in a human being. It will be by experience on lower animals with careful up-to-date study during long periods, under the influence of remedies and careful application of the scientific methods of examination, that we must find the similimum for this class of diseases. Many of the younger and more scientific physicians, now living, will succeed through these means where we older ones have failed, but it will be by a correct application of the affiliated remedy.

In the acute inflammatory diseases of nerve tissue, except when the direct result of infection or tuberculosis, the only reliable means of cure we have is in following the homœopathic law. The more serious and severe the case the more closely do I study to find the indicated remedy. The histories of a large number of cases, treated in my earlier practice, when I used largely empirical treatment, compared with a much larger number of cases treated in my later years almost exclusively by the law, have shown so large a percentage of cures over the other method, as to warrant a positive statement that Homœopathy is the only treatment in this class of neurological troubles.

There is a large class of purely functional diseases of the nervous system of which chorea may be mentioned as an example. Where they are directly due to reflex irritation; of course, Homœopathy does not, cannot apply unless by it we may be able to remove the cause. There are, however, a large number always presenting in which there is no reflex irritation present; in these the carefully selected remedy is by far the most efficacious line of treatment.

Neuralgia also belongs to this category, a genuine neuralgia is eminently a functional disturbance. We all recognize that they are among the most difficult cases we have brought to our notice. For many years I experimented altogether in the empirical field in handling these cases. The suffering was so acute, so severe, I did not dare depend on my law. I felt that something powerful that would act immediately must be used. There were so many cases where I tried one hypnotic after another, one narcotic after another, then, later, one analgesic after another, only to utterly fail with all of them, and then in sheer desperation turned to my materia medica and found success. I am forced to the conclusion which the last few years has abundantly confirmed that there is no treatment at all comparable with the indicated remedy in neuralgia.

We meet a large class of mongrel troubles that for want of a better name we call neuroses. These certainly are purely homœopathic diseases, and should be treated only as such.

In the great field of functional disturbances in which the emotions and imaginations are prominent features, in which there is mental disturbances, but still within the line of sanity, we meet again those cases requiring treatment to sources of reflex irritation acting as causative, also those in which suggestion in some form must be the main reliance, and then those in which nothing but the indicated remedy will be of any avail.

Here we must not loose sight of the fact that in very nearly every case we have as functional cause a systemic predisposition, hereditary or acquired. There can be no reasonable doubt that the nuerons are abnormal at birth or become so as the result of some very profound impression.

Inasmuch as no other authority has ever made an attempt to change these predispositions, through the action of remedies on the abnormal neurons, and this has not been done by the manufacturing chemist, we are left with Samuel Hahnemann as the only physician or scientist who has claimed to reach and correct with remedies these very fundamental and most delicate organs, absolutely controlling the future activities of both the body and mind. Experience has abundantly proved that tonic, blood builders, nutrients, travel, exercise, rest, adjuvants, none of them bring about cures, except in a very small proportion of this class of affiliations. They do often give temporary relief but not cures. I do not intend to indicate that they are not valuable, they are often essential, but unless supplemented by the indicated remedy cure does not follow. How many times I have gone over reports in journals of various schools of medicine finding reports of cures of these kinds of cases in which there was a long history of amelioration after amelioration, then find some remedy mentioned as being used and followed by the most rapid improvement and perfect or complete cure. I have taken pains to analyze many of these, and have been surprised to find that the remedy given sometimes in large, at other times in most infinitesimal dose, was the true similimum.

In my own practice the more serious the condition of the patient ruling out those in which other lines of treatment are clearly indicated, the more closely do I stick to the indicated remedy in neurology. [Missouri Institute.]

Before operating for pharyngeal adenoids or hypertrophied tonsils make sure that these are not merely an expression of status lymphaticus. If they are, do not employ an anæsthetic. Also determine whether the patient is a hemophiliac. If he is, do not operate at all.

When applying a plaster dressing to the leg always include the foot if the patient is to be confined to bed; otherwise "drop foot" will develop.

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Practice of Medicine.

THE CURE OF CONSUMPTION.

BY J. D. BUCK, M. D., CINCINNATI, O.

I have taken the common name for the White Plague that has so long decimated the human race, because in this paper I intend to emphasize the common and universal features of the disease, and the essential points in removing it. The technical features in pathology and diagnosis I would neither ignore nor belittle, but after all it is the cure of the disease and the restoration of the patient to health that is of the first importance. Whenever we find a patient with an afternoon temperature of even one degree above normal, it should excite suspicion. It may arise from various causes or conditions, but its possible tubercular origin should never be overlooked. I have seen scores of such cases treated as "malarial" for weeks and months.

If to the fever there be added progressive loss of flesh, however slight, we should be doubly on our guard. In these two conditions we find the signs of constitutional disturbance ranking first in importance in this disease, whether they come in the first or later stages. The disease can make no great progress in their absence. Even in cases of direct infection from inhalation of bacilli, so long as fever is absent and nutrition unimpaired, the patient is practically immune.

I wish to emphasize the constitutional diathesis, as against the technical pathology, for thereby hangs the cure. The history, progress and pathology in any given case are great helps in completing the picture that is to determine our prognosis and treatment, but they are never in a single instance to supersede the indications I have emphasized. Consumption is but another name for malnutrition and impaired vitality. Local invasion of the lungs or other tissue is a result of these conditions. So long as assimilation is perfect and temperature normal the individual is proof agianst bacilli, and the cure in any given case consists in the restoration of these normal conditions. Destroy the bacilli in any way you please to-day, and in the absence of these signs of vitality they will return to-morrow. I am contending for a point of view in all cases of consumption which I regard as vital to a cure. Learn all that the microscope and the stethoscope can reveal as bearing on technical management and medication, but put first and foremost the fact that we are treating an individual whose nutrition and vitality are impaired, and not simply a case of tuberculosis.

In other words, we are treating an individual, not a disease. We are bending every energy to vitalize the individual, not to destroy the disease. In every case of disease, no matter what its pathology, it is, in the last analysis, the normal vital energy that restores health. Whenever this is impaired, from whatsoever source or cause, disease is present, and until it is restored, or only as it is restored, can there be any return to health.

The laboratory experiments in serum cultures, bacilli, etc., etc., have naturally excited great interest and enthusiasm and wonderfully enlarged our view of the microscopic world, and of the part played by invisible germs in all vital processes. The process of fermentation, and the peculiar ptomaines generated co-incident with the multiplication of these low forms of life, that dispute with man in the arenas of life itself, have opened up a new world in the past two or three decades.

The vitality of man must dominate all these or surrender the citadel of life. These germs stand at the very threshold of metabolism, and attack the commissary department. They cannot be said to seize the food itself but to feed on waste products, and whenever these are in excess, either from overproduction on the one hand, or lack of protoplasmic substances and assimilation on the other, the little devils get in their work. Tere the keynote of cure is first, diminution; second, assimilation. Fever in these cases is due to fermentation, chemical, rather than vital. The difference is similar to that between the converting of grain into vinegar or into alcohol. If the human body could be sufficiently magnified, as a whole, and at the same time rendered transparent, so that we could see the incoming tide of food, water and air, and the outgoing wornout material, and at the same time see the rhythmic glow and darkening of that great furnace, the lungs, it would transcend in magnificence and marvel any panorama ever before viewed by man. No one who had once seen it could ever afterward forget it, and the doctor least of anyone. Thereafter, the words nutrition, assimilation, vitalization and excrementation would have new meanings.

All this means nothing more nor less than the maintenance and renewal of life, rejuvenescence, sophomoric, perhaps, and yet something in our hunt for disease and dabbling in drugs that we are apt to lose sight of.

This larger and generic view of consumption from the basis of metabolism or nutrition, is just what I wish to emphasize. I think it is the point to be watched and guarded more than anything else, and is the keynote of any cure.

I believe too little attention is generally paid to thorough evacuation of the bowels. Even when there is a daily evacuation I think it wise in very many cases to wash out the colon with hot water, and the action of the liver indicated by the color and character of the stools ought to be carefully observed. I am in the habit of using a pill of Pod. Lept. and Rheum., not enough to produce catharsis, but sufficient to act gently on the liver perhaps once or twice a week.

The daily bath to be determined by the condition of the patient, from a quick cool towel or sponge bath, to a hot bath followed by a cold sponge or plunge at bed time, ought never to be overlooked or neglected.

Then comes habitual deep breathing. Morning and evening for ten or fifteen minutes breathing deep with muscles of arms and legs tense is of great value. Walking and exercise in the open air and sleeping at all times in a well ventilated apart-

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ment, are of prime importance. I have no rigid rules regarding diet, though on general principles fruit, milk and vegetables are largely to be preferred. The taste and predilections of the patient and the condition of the stomach cannot be overlooked. A great deal of tact and good judgment should be exercised at this point. Subacute gastritis, nervous dyspepsia, a weak or irritable stomach dating from childhood will often defeat all our efforts to cure any disease. There is room for the greatest skill, patience and good judgment at this point, and any rule at this point is practically useless, and yet success here decides very often the possibility of cure.

It may readily be observed at this point that all I have said applies to all other diseases no less than to consumption. It concerns the preservation and restoration of health in general. But that is precisely what I am aiming at. The daily habits of an individual, as to exercise, feeding, bathing and diet, determine health, and when these are in perfect order the doctor will rarely be consulted. When he is consulted, whether in incipient tuberculosis or any other disease, it will be rare indeed if he does not find something here to correct.

Another general principle of the first importance in the cure of consumption or of any other disease is the attitude of the mind. If one's parents or some near relative have died with consumption, the fact or even the fallacy often hangs like a nightmare over the individual. The vital depression here is very great because it is so constant. Let an individual filled with this fear and foreboding, even though he may deny it or try to ignore or forget it, consult a specialist who finds bacilli in his sputum and frankly tells him so, and in a very large per cent. of cases the patient's stock of vitality drops from ten to thirty per cent. Henceforth he flits between hope and fear as the weather changes or the barometer rises or falls. It ought to be pounded into these cases that consumption is never inherited, and that at most a vague or general tendency thus arises, as in weak vitality, a narrow chest, general malnutrition, etc., etc., and that nearly all of these tendencies can be and ought to be overcome in childhood, whereas they are often deepened and aggravated. The great White Plague will never be stamped out till people realize the importance of living clean, vigorous, normal, and, therefore, healthy lives from childhood, and this includes "thinking health" and not thinking or fearing disease.

I am in the habit of saying to my patients "cut out heredity entirely; make up your mind to get well, and insist upon it, and use your will to make it so. Think health, breathe health, demand health, deserve health, and you may command health." If your patient has a fair degree of intelligence it is the greatest help to explain how these things can be. Satisfy his doubts, confirm his hope, and fortify his courage and will, and you have laid the strongest possible foundation for recovery.

So far I have said nothing about drugs and medicines. As helps in securing the general conditions of assimilation, vitalization and excretion, or in restoring that "harmonious order" which Hahnemann makes synonymous with health, they are exceeding valuable. But neglecting or overlooking these general conditions, no drug, nor any potency, more than patent medicines, cures disease. I think the medical profession generally has been swamped in the details and complications of the laboratory and the technicalities of pathology and bacteriology, and that only in the past ten years has a healthy reaction set in and a return to the general principles of harmony and vitality.

All previous investigation has been recorded and has its place and use, but in the future we shall consult and trust nature more and drugs less. The blood count is of value in determining anæmia, and yet it can only confirm and rarely confute the eye and judgment of the observing physician. Anæmia so generally accompanies malnutrition and malassimilation that its outer signs are scarcely less reliable than the blood count.

An early diagnosis as to fact or tendency to consumption is of the greatest importance, and here all our technical knowledge with microscope, stethoscope, blood count, etc., etc., comes in, putting even before all these the clinical thermometer. Our diagnosis in the great majority of cases may be positive. The most obscure signs are readily detected, and we are thus enabled to advise our patients as to future living.

The question of climate and location has received a great deal of attention. Climate and location and occupation no less than general bodily habits have much to do in promoting health or disease. I should say, on general principles, no more than in many other diseases.

One of the most pronounced cases of consumption diathesis ever encountered, where the parents had died of consumtpion, and the individual had the clubbed nails and at least half the other "signs," and who developed hectic after double pneumonia, recovered completely, gaining twenty pounds of flesh in three mothns by working out-doors on the hills opposite Anderson's Ferry, not ten miles from Cincinnati. He took no medicines, drugs or tonics whatever. He had to walk there, as he was penniless, but he was made to understand that it was "live and work in the open air or die," and he lived In spite of all warnings he returned to in-door night work in the city, and died of tuberculosis in about two years.

Our "tissue remedies," like Ferrum phosphoricum, Kali phosphoricum, Calcareas, etc., etc., are often of great assistance in these cases, but I place them as altogether secondary to the general conditions that determine health. Their greatest value consists in aiding us to promote and establish healthy and vital nutritive conditions.

Inhalations are often of value in these cases, Ozone standing at the head. The most complete and satisfactory series of cases I ever saw reported was from one of the Italian hospitals, with the inhalation of essence of peppermint. In these cases great attention was paid to fresh air and diet, but no other medicine was used. I tried the peppermint inhalation with benefit in some cases, but cannot say I ever cured a case with that alone. I be-

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lieve the good results are due to increase in oxidation for which the peppermint has strong affinity.

In Austria and Hungary strong claims have been made of the beneficial and often curative effect of inhaling the fumes of what they call "Liquo-sulfit." It is the waste from the dessication of wood pulp (spruce, hemlock, etc.) with sulphurous acid.

I tried this also in a number of cases, importing a quantity from Austria. My experience was the same as with the peppermint. I was unwilling to trust it alone, and my serious cases sought change of climate; nearly all the early cases have so far recovered. Two caess in my own family where I had the opportunity to observe closely these two inhalations were decidedly benefited, and both recovered permanently.

Food, exercise, fresh air, deep breathing and a cheerful, hopeful, determined mind have more than all else to do in the cure of consumption. In directing these processes there is room and need for all the skill of the best physician, combined with his judgment and experience. Some of the people in every community are getting rid of the superstition that the doctor's sole duty is to give drugs. His greatest triumph is to render drugs unnecessary and make health perfect and permanent.

In the management of nearly every case of consumption symptoms will arise of constitutional origin, but with local manifestations, and here the properly selected remedy will often relieve promptly. These, however, are rather incidental, while our general proposition is constitutional.

Consumption in the future is to be prevented by anticipating and recognizing the antecedent conditions that undermine the vital energy, deprave nutrition, arrest assimilation and so invite the whole brood of ptomaines and bacilli, the scavengers that watch the gates of normal metabolism.

The laws of health are few and simple, while the conditions and products of disease are legion. In our modern so-called "civilization" we have forgotten or ignored the simple laws of health, and run rampant after the brood, the invisible legions that result from unnatural or artificial living, and in this "devil's race" the doctor is in the lead. Now let him set the pace, and lead the van in the return to all the ways of pleasantness and all the paths of peace. Then health will stand as an angel of beneficence at the gateway of life and self-control, knowledge and power crown man as the master of destiny.

[Cincinnati Lyceum.]

EDUCATION OF THE PEOPLE THE MOST IMPORTANT FACTOR IN PROPHYLAXIS OF TUBERCULOSIS.

BY DAVID R. OVERMAN, M. D., ST. LOUIS, MO.

Doctor Osler in third edition of "Practice of Medicine says: "Tuberculosis is the most universal scourge of the human race. It prevails more particularly in the large cities and where the population is massed together. One-seventh of all deaths are due to it. In the United States census report for 1890, 102,188 deaths were reported to be due to consumption."

At a low estimate one can say that at least 150,000 persons die annually in the United State of some form of tuberculosis. He estimates that 1,050,000 people in the United States are at present afflicted with it. This means that one in every sixy of our people is affected with some taint of the scourge.

These are astonishing facts, but to the laity they must be appalling. Every moment's contemplation of the subject increases my surprise that municipal, State and National government have not united in uniform and specific compulsory laws for its prevention and treatment, especially designed for its extermination.

There is no doubt in my mind that by such uniformity of law it could be wiped off the face of the earth; that it could be easier accomplished than the annihilation of any of the contagious fevers of which we were once so afraid, and have since almost legislated out of existence.

We should likewise take a stronger hand in our courts of legislation and "outlaw" this so-called "Great White Plague."

Physicians, as a rule, wisely eschew politics, but if we are to accomplish anything by law, we must give a little time to things political, for nowadays there seems to be no other way of reaching the people except through politics.

Law is the most forceful educator of the public, and as ours is a "government of the people, by the people and for the people," as uttered by the immortal Lincoln, we must needs have the voice of the people to make it operative and "imperishable."

"Vox populi, vox dei!" is just as true in this application as when it is applied to things seemingly more sacred.

But to gain this end we must throw down all sectarian barriers and show a united front, which calls for a closer fellowship between the different schools of medicine than is at present manifested by any of our medical organizations. This is a sort of preparatory self-education before undertaking to educate the laity.

There is another thing necessary, and which should precede an appeal to the people, and that is a united faith proven by our works. Do we all believe that tuberculosis is preventable and curable? For answer, I refer you to report of work done in the Post-Graduate Hospital Dispensary for Tuberculosis in New York City, which says, "Many physicians are wholly skeptical that pulmonary tuberculosis is ever cured," and that such are lax and exceedingly careless in measures for its preventive treatment.

Now, if this is the case in the great city of New York, where the profession is supposed to be on the highest pinnacle of medical art, what should be expected in the unlettered West? To most of us such opinions are regarded as due to ignorance of what has already been accomplished where proper effort has been made.

The first step in legislation should be the making and rigid enforcement of suitable sanitary, hygienic and quarantine laws and regulations, such

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as the farmers have had made for the protection of their live stock. And here arises the question, are human lives of less value and importance than cattle and hogs, that they should be so neglected by our legislature, when the other is so zealously guarded?

If such loss of life was threatened by yellow fever, small-pox or cholera, the people would rise up en masse and demand that the government take action at once and put in force adequate laws for its speedy suppression.

But as it is caused by a plague that seems to have always been in existence, and considered incurable by the medical profession as well as by the public, it has been allow to stalk through the land unmolested until within the last ten or fifteen years. During this time some few of the states, including our own, have taken desultory action in the matter of legislation, and have passed antispitting laws and have provided for separate hospitals for tubercular patients. And the National Government has taken a forward step for our protection by prohibiting the landing of immigrants who show signs of tubercular infection.

But so far as I have been able to ascertain mortality statistics show little or no difference in its prevalence.

Nor will legislation alone accomplish much until the people are educated to properly appreciate its object and necessity.

But where is the education to begin, and how is it to be accomlished? is the question for our consideration.

Believing that heredity of predisposition or tendency is the most frequent cause of phthisis tuberculosis, its prophylaxis should begin with the birth of the patient.

But if, as the great Froeble has said, a child's education should begin with its birth, then that culture which is to immunize it from the seeds of consumption should begin with the education of those who are to be its parents. Herbert Spencer was wise beyond his day and generation when he said: "We infer that as vigorous health and its accompanying high spirits are larger elements of happiness than any other things whatsoever, the teaching how to maintain them is a teaching that yields in moment to none other whatever. And, therefore, we assert that such a course of physiology as is needful for the comprehension of its general truths and their bearing on daily conduct is an all-essential part of a rational education. * * *

"Architecture, sculpture, painting, music, poetry, etc., may be truly called the efflorescence of civilized life. But even supposing them to be of such transcendent worth as to subordinate the civilized life out of which they grow (which can hardly be ascertained), it will be admitted that the production of a healthy civilized life must be the first consideration, and that the knowledge conducing to this must occupy the highest place." (Education, Spencer, page 66.)

Had these words, which were spoken before a large assembly of university professors and students fifty years ago, been accepted at their worth, and been put to practical use by the teaching of physiology and hygiene in our public schools during the intervening time, there would have been no such thing as the "Great White Plague,"—the mortality from phthisis would not have been greater than that from typhoid or scarlet fever.

Our public schools and colleges are still delinquent in not giving our boys and girls more of that kind of education that teaches them how to take care of their own bodies.

The study of physiology and hygiene and the domestic sciences so essential to correct living should be made more prominent in all of our educational institutions, both secular and sectarian.

That but few of our colleges for girls pay any attention to these branches of study is apparent from what I recently read from the pen of a prominent teacher of domestic science who made a tour of investigation through a number of the most popular Eastern colleges for girls, in the interest of the Ladies' Home Journal. She said that in but one of them did she find that any instruction in physiology and hygiene was given, and in that one only one hour a week was devoted to the subject.

This is a very great mistake from any standpoint from which we may choose to look at it, for what is an education worth without health, and what is there in the way of knowledge more conducive to health than a knowledge of the human body? Just as Mr. Spencer has said, it should take "first place." It should be the most important part of a common school education. It should begin in the primary department of our grammar schools and be graded so as to continue through the whole course of our public school instruction, including the high schools.

But I am sorry to say that it has no place in the curriculum of the grammar schools in this city. The only place I find it assigned as a study is in the curriculum of the high schools, where in the second half year Colton's "Briefer Course" in physiology is assigned as the text-book.

My criticism of this book is that it does not pay enough attention to hygiene; as a text-book of physiology it can not be found fault with. But if the pupils get no other instruction in hygiene than this affords, and which is (as I understand from the last report of the board of education) limited to the second half year, and which means it forms but an integral part of the course of study through only twenty weeks of the four years required to complete the high school course, then I say the pupils must be deficient in the most important part of their free school education.

But two of the several text-books which are commonly used in public schools that I have examined mention tuberculosis, and these give it fifteen or twenty lines only, while to the subject of alcohol and intemperance they each devote more than twenty pages.

The greater prominence given the subject of intemperance is due to the noble women who wear the badge of the "White ribbon," and in many places such instruction in the public schools was bitterly opposed by the saloon interests, and had to be fought out in the courts.

This I only mention to show what might be ac-

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complished for the extermination of tuberculosis, if but one-half of the zeal therein displayed by them was exercised by the medical profession.

In some respects these books are admirable, but it seems to me that a more comprehensive and suitable course of instruction in hygiene, in form of text-book, to be supplemented by lectures, should be arranged for our high schools.

It is in our high schools that the greatest good would be accomplished, notwithstanding but a fractional per cent. of the grammar school children reach this department.

But it is from these high school graduates that our teachers are supplied and that the technical colleges and the universities receive the great army of young men and women who, by their superior education, become the "captains of industry," and upon whom the stability of our national wealth and prosperity largely depend.

These lectures should be especially prepared for the instruction of the pupils in hygiene in its broader sense, as related to heredity as well as to physical characteristics, and should deal with the more complex questions of life, as manifested in the important artificial conditions of civilization, public hygiene as well as personal hygiene, for these are the most essential features of public prophylaxis.

Apropose.—Individual health is only safe in just so far as public health is safe. Such instruction would not only apply to the extermination of tuberculosis but to Bright's disease, diabetes and other constitutional diseases as well, because these are due more to disregard of proper rules of health, over-indulgence and luxurious living being the largest etiological factors.

According to Tyson (Bright disease and diabetes, last edition, p. 263), "one death in every *222* in the United States was from diabetes in the census year 1900, which was an increase of almost 100 per cent. over the census year of 1890." Is it not high time that we were raising the "big stick" against this moloch of human life as well as against the scourge of consumption? The combined mortality from phthisis, Bright's and diabetes is enough to strike terror to the heart of almost any man who loves victuals and drink.

But why should such destruction of human life be allowed to continue, when not one doctor in a thousand believes it impossible to prevent it.

The answer is simple. It is because we are not doing our whole professional duty. We have busied ourselves more with the cure of diseases than with their prevention, which, as regards these so-called incurables, has not been in vain, for we have dispelled from both the mind of the public and the profession much doubt of their incurability. But this we should have done and not have left the other so nearly undone. We must give more thought to the prevention of phthisis tuberculosis. We are still too apathetic on the subject to awake public interest. It is not a question of philanthropy, it is a question of professional duty. No, it is more than a duty, it is an inherent obligation, born of the spirit of medicine that every practicing physician owes to his patronage and the community in which he lives.

As we are not all alike constituted or professionally situated, we can not measure and meet these obligations by any set of rules or code of ethics.

It is now my desire to point out some things upon which we may unite in an effort to amend our past negligence. I speak more particularly to my colleagues here in the city of St. Louis; but I hope to enlist the interest of every one here present—laymen, men, women and children as well as physicians.

Let us sum up what we can do and what we can make others do. Individually, in our practice, we can be more careful to advise our tubercular patients to make the most of all rational methods for its relief, such as the fresh air and sunlight in abundance, plenty of sleep with windows wide open, regulated exercise, wholesome food, care of sputum and attention to the small things of daily life that influence health favorably. Uuitedly we should petition the Municipal Assembly that our board of health be made more efficient by increasing the number of physicians who act in that capacity.

At present there are only three physicians, including the commissioner, on the board. It appears to me that the health of a great metropolis like the city of St. Louis should be of such vital importance and magnitude as to require, if all is being done that should be done for the commonwealth, more time and mental acumen than any three men can give.

In enlarging the board I would enlarge its sphere of usefulness by adding to its responsibilities.

At present, as indicated by its five standing committees, its duties are specialized as follows: Committee on "City Hospital and Female Hospital," on "Asylum, Poorhouse and Sanitary Officer," on "Legislation and Rules," on "City Chemist's Office and Milk Inspector," on "Dispensary Quarantine and Health Commissioners' Office."

Now to these I would add a committee on public schools. Said committee to have sanitary and hygienic supervision over all the public and parochial and private institutions of learning in the city.

The public schools should be visited at least twice a week by a competent physician, whose duty should be partly that of health officer or inspector, with an outlook over both teachers and pupils to see that proper rules for cleanliness, heat, light and ventilation are observed, avoidance of unsanitary conditions in closets, of overwork, excitement, fatigue, unwholesome food in lunch room, as well as to see that the poorer class of children are sufficiently clothed and fed. They should also, with assistance of board, provide for above mentioned lectures to the high school, which should be given by some one selected by them from the medical profession, and well paid for out of the school or health treasury.

Another committee should have supervision over all other public buildings, such as churches, theatres, public and fraternal halls, factories, sweatshops, depots and railroad cars, and all other public conveyances of every description, especially the street cars, some of which are now so filthy and

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dirty that they should be burned, and all of them need scrubbing and disinfecting.

Besides having the power to burn and scrub, they should have the power to interfere with the overcrowding and under-heating of cars, so as to provide against discomfort and fatigue of passengers, which is oftener than we know the cause of serious sickness and death from pneumonia, and repeated colds, which lead to phthisis.

This committee should see that all the public school buildings, churches, theatres and all city buildings and other places for public assemblages are regularly disinfected at such stated times as the board may deem necessary.

The operation of such ordinances would not only afford a much needed prophylaxis, but would be an object lesson to the people; therefore, may be regarded as educational.

The people must be taught that it is easier and less expensive to prevent this disease than it is to cure it, even in its earliest stages, and that churches and assemblage halls that remain closed most of the time are more likely to harbor infection than those in constant use, because they are not, as a rule, as well cleaned and ventilated.

Churches are opened on Sunday mornings, and they have scarcely had time to be well ventilated before the children begin to assemble for Sunday School, and before they are through and out the early church goers are coming in and the danger is multiplied, and if the janitor is an ignorant negro, as is usually the case, before the room is properly ventilated it is again closed and the inspired atmosphere is shut in to be reinspired at the next meeting. For this reason I would make them, as well as theatres, subject to a regular and systematic sanitary inspection by the health board. It would be another opportunity of teaching and impressing the people that we mean what we say when we tell them that tuberculosis is contagious. When we have convinced them of this one essential fact the path to success will be less difficult.

Speaking on this phase of the subject the Health Commissioners' report for 1904 says: "While something has unquestionably been acomplished in every community by thinking and reading people, the results in cities where there are no stated sanitary regulations on the subject, have been meagre indeed, as compared to what has been done where official action has spurned individual effort." To put the matter as briefly as possible, all the people should be informed how to prevent the spread of tuberculosis, and all the people should be forced to use the knowledge imparted to them.

"In other words, the control and prevention of the disease must be brought about by empowering the health department to inform the masses that tuberculosis is contagious, and instruct them as to the best means of preventing it, and by the passing and enforcement of laws on the subject. Leprosy was stamped out of existence in England and Continental Europe during the Middle Ages by a rigid process of isolation, and tuberculosis can be brought under control by intelligent, vigilant cure."

Effort is being made all the while to immunize the body against the tubercle bacilli, but we do not know when, if ever, this will be accomplished. We must, therefore, continue to fight the enemy with the weapons in hand, which the commissioner says "are primarily knowledge of how the disease is communicated, the prevention of that communition, and the treatment of those already afflicted not only with a view to their relief but as a measure of protection to others."

Admitting this to be true, perhaps the most practical educative measure we could inaugurate would be one that would apply to those of the working class who are already afflicted with incipient phthisis and can not spare time nor money for treatment. According to statistics the larger portion of deaths from consumption is from this class of working people. They belong to that unfortunate class of foreigners, who, because of poverty and ignorance, are forced to live in the poor tenement districts in our large cities. It would be impracticable to attempt any plan of systematic education that did not provide for these. Hence the health department should be empowered to step in and for the safety of the well members of the family and community take those who are no longer able, from lack of means or loss of strength, to support themselves to such free institutions as our State is soon to provide for those who will voluntarily seek its doors.

But for the larger class who are still on foot and struggling to maintain their balance against plague and poverty, the board should establish special free clinics in the large manufacturing districts where these can secure medicines and needed advice under the care of skillful physicians, who should be amply paid for their services by the city, and who are to give the whole of their time to the study and treatment of those who apply for medicine.

The work done in these clinics should be planned and carried out on lines calculated to be educative as well as medical. That this might be accomplished they shoud provide nurses whose duty should be to go among those who need special attention and see that the physician's instructions and advice are being carried out in their homes.

This is not original, as I think the city of New York has such a plan for helping the consumptive poor, and has been pleased with its results; but I have no information concerning the executive or municipal management of the work. It appears to me as being the most expedient plan for educating the people. In the first place, it yields immediate results, as it directly reaches those who need it, the industrious, hard working class, many of which have not been long enough in our free country to become familiar with our customs and habits of domestic life; these would be encouraged and instructed by the trained nurses, who are, we might say, medical missionaries, and who by kindly act and word cheer them on the way to health.

The annual or semi-annual reports of the work done in these clinics should be given to the principals of our public schools, and by them placed in the hands of the pupils to be given to their parents, thus adding to the good work already done, by increasing its educational facilities.

The value of what could be accomplished along

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such lines, if properly pushed, can not be estimated or even approximated by any one of this generation, but our contemplations of what will be the gratitude of future generations, who, by our efforts, have been made free from the "Great White Plague," should repay us for what of wealth and labor it would cost. [Read before the Missouri Institute of Homœopathy, April 24, 1906.]

Legislation.

MEDICAL PRACTICE LAWS AND THE VARIOUS KINDS OF DOCTORS.

BY H. W. CHAMPLIN, M. D., BLOOMSBURG, PA.

The new medical law of Colorado requires that the title of doctor be confined to those duly licensed to practice medicine. The court has rendered a decision accordingly that such title can be used by those who diagnose and treat disease only when licensed by the State board of medical examiners.

Judge Green, of New York, has defined the practice of medicine as "The exercise or performance of an act, by or through the use of anything or matter, or by the things done, given or applied, whether with or without the use of drugs or medicine, and whether with or without fee therefor, by a person holding himself or herself out as able to cure disease, with a view to relieve, heal or cure, and having for its object the prevention, healing, remedying, cure or alleviation of disease."

On which definition the Public Ledger, Philadelphia, comments as follows:

"The person who undertakes to do the work of the doctor, which is the curing of diseases, does not evade the responsibility by any trick of method. Whether there be the administration of drugs, the laying on of hands, resort to bread pills, baths, dieting, blue glass, incantations or hypnotism, the operation is the practice of medicine, in the spirit of the statute. This statute is for the protection of the public health, as well as to guard the credulous invalid from the rapacity of the swindles. Judge Green's view will be accepted as the popular view, not only because it upholds a benign law, but because it is the expression of plain, common sense."

It is reported that the osteopaths are liable to obtain recognition in New York. I have no objection to one practicing osteopathy if he has had a thorough training in all branches of medicine and has been licensed to practice after proving his qualifications before the State board of medical examiners. If one with a competent knowledge of materia medica and therapeutics decides that osteopathic is the best or only treatment indicated, then I have no criticisms to offer against an application of the same.

So, also, with the different systems of medical therapeutics; it is not only the individual physician's privilege but his duty to elect that which, in his judgment, is best; but this judgment should be based on a competent knowledge of all recognized systems. By recognized systems I do not mean to include incantations and the laying on of hands, mentioned above, but if the educated and duly licensed M. D. believes that such treatment is the best he can offer his patient then we grant him all the liberty we claim for ourselves. However, a physician should not resort to treatment in which he could not protect himself if necessary in a court of law.

When the title doctor is associated with any branch of medical practice it should imply that the bearer of the title is broadly educated in all that pertains to medicine; then it would be not only permissible but highly commendable to limit his practice to some of the specialties. The education and license give all the same professional standing, and assures the public that all are legally qualified practitioners.

Osteopaths, neurologists (?), physical culturists, Christian scientists, opticians, and others, are either trying to defeat effective legislation, or else obtain equal recognition, and, no doubt, are expending much time and money for that purpose. Not the least objectionable class is that last mentioned. The opticians with the whole optical trade back of them can, perhaps, command more money to thwart needed legislation than any or all others who infringe on medical practice. Then, too, the optician can more successfully imitate a physician (oculist) and thereby impose on the public. The opticians who assume the title doctor and pretend to do the work of an oculist are supplied with documents purporting to be diplomas which can be obtained of "schools" and "colleges" in various cities of the United States, on application and the payment of five dollars and upward.

I know from years of close observation that the public fails to discriminate between oculists and opticians with a cheap "diploma." It is not necessary in this article to show their incompetence and dishonesty, yet I know that many general practitioners are not fully informed in reference to the false position in which opticians place themselves before the public. They assume to be able and advertise accordingly) to relieve headache and other nervous and reflex symptoms due to eye-strain and other defects of refraction. Such defects can be determined only by the use of belladonna or other cycloplegic which temporarily stops the strain of accommodation, when the defect can be accurately measured and the proper lenses applied. A non-medical man is not permitted to do this.

The writer well remembers when the only way to get glasses, outside of the large cities, was to go to the local jeweler. As a relict of that custom the jeweler easily retains much of this trade, especially if he calls himself an optician, or, possibly, assumes the title of "Dr." Not every prescribing optician is sufficiently lacking in honor to do so, but it is surprising to know how many advertise as "Dr. of Optics," "Dr. of Refraction," etc. The title is soon abbreviated to "Dr.," and he passes for the real article. As optometrists they are endeavoring at this moment to secure legal recognition in New York which will permit them to assume the work of oculists.

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Hence, I say, we need effective legislation for

the protection of the people as well as the medical profession. Let the title of doctor (or some other, if you please) imply a fully and legally qualified Doctor of Medicine in all of its branches. If any other than a doctor of medicine be employed to diagnose or treat disease. by means medical or otherwise, let it not be by sanction or recognition of law.

THE VALUE OF THE HUMANISTICS AS A PREPARATION FOR THE STUDY OF MEDICINE.*

BY W. B HINSDALE, A. M., M. D., ANN ARBOR, MICH.

All knowledge has, of course, value, but not to any single individual. In its distribution through the world there are appreciative and utilizing persons, who, by each appropriating different parts, render it all profitable. As to how profitable a certain branch may be to one, depends upon many different things, some of which are how much it will benefit him in his station as a self-reliant worker for a living, as a member of society, as a citizen, as a person with or without an appreciation of it. Again, granting that a particular kind of knowledge has value to a certain individual, the question arises whether some other kind or more of another kind might not make him more efficient. His efficiency depends upon his adjustability to his special vocation which, in turn, is based upon a preliminary or preparatory training. The student who has educational qualifications or accomplishments aside from those which have a necessary bearing upon his chosen profession is the best prepared, not only for life, but, to use a biological term, for his specialization. He should be so prepared as not to become an intellectual malformation but a well-balanced man. If a liberal preparation includes the humanities, then, of course, their importance is conceded. On this point there is probably a decided difference of opinion, and to discuss it leads to disputation. If the humanities are non-essential, then, only so far as they may have a few so-called practical bearing upon a professional education, they must be assigned to the optional class. There are those whose views upon this subject, if their reasoning be carried to the ultimate conclusions, must lead them to believe that the preparation for medicine should begin in the kindergarden. On the other hand, others do not consider that there ought to be any particular difference in the elementary preparation of students for all the professions; they think that the foundation for a liberal education is the foundation for a professional education. The views of this class must lead ultimately to the conclusion, if, when the student begins to specialize in medicine, he has not acquired sufficient special knowledge to enable him to round out a thorough training in the ordinary four years, the course should be lengthened, either by a preliminary year for special foundation work, or by introductory course to the main subjects as they are taken up in routine.

Some seem to maintain that this is particularly a transitional age in the adjustments of studies, that after awhile we will get matters "fixed." The fact is, all ages are transitional. Adjustment by virtue of human progress blends into or out of non-adjustment. There is no such thing as fixation. At the present time, as the affairs of the world are going, the ordinary physician, like the average lawyer, teacher, journalist and clergyman, does not care for education as an accomplishment. He recoils from severe training and hard reading. His ideal is the ordinary routine business success. This state of affairs must be tolerated so long as the student considers life a failure if he can not graduate at an early age regardless of preparation; or while the leading question it, "What are the minimum requirements of the law and the curriculum?" How is such or such a study to help me to be a doctor? is the commonest inquiry from the ordinary medical student. The learned physician recoils from the thought of Professor James's description of the uneducated person. He abhors being "non-plussed by all but the most habitual situations." He wishes to have his resources so organized and powers of conduct so great as to fit him with as perfect relations as possible to his social and physical world. He works to be as well prepared as possible to eradicate himself "by means of the examples with which his memory is stored and of the abstract conceptions which he has acquired from circumstances in which he never was placed before. The physician should have special, exact and ample knowledge of the many scientific branches that constitute what is generally summed up in the term medicine. These branches he should comprehend in their interdependences and true and broad relations, pursuing them with a sanctified devotion. There is no branch of learning which may not materially contribute to such a grasp of his subject. While he can not read or study everything indiscriminately, he will have an elective affinity for some subject or subjects in the broad field of knowledge that he will make conducive to his peculiar needs, although he may not be able to explain just how or why. He should know the virtues, vices and needs of those who make up his social environment and appreciate the claims that neighbor, community and state have upon him. To be a wise citizen he should have an historical and present knowledge of the political institutions by which he is governed. The humanities have here special importance, if he is interested in a historical study of the duties of citizenship. The physician must have a penetrating insight into human nature. Not humanity as a mass, but a scrutinizing, differentiating, penetrable gaze into individuals that reveals to his trained perceptions the reasons for one under observation being mentally, morally, and physically different from everybody else. The educated physician is larger than his profession and wider than his allotted space in the community. He does not consider that the pre-medical branches he studied in school are to be laid aside. With him

*An address before the Classical Conference of the Michigan Schoolmasters' Club, April, 1906.

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preparation and specialization go on hand in hand. As the superstructure would be enlarged, the foundations must be extended. If the building advances in a particular direction, in that same direction must the preparatory or sub structure expand. If he aspires to be an author, language and the powers of expression must be studied. If he delights in bibliography and lore of the profession, then linguistics must be carried along. If he mingles with educated people, from necessity, he must have the faculty of appreciation and the powers of address. If he would be looked upon, as were the doctors of a century or so ago, as the learned man of the community, he must keep ahead of his devotees. For his recreation and self-entertainment he is entitled to give his tastes a wide range, but should avoid permitting his indulgence in this respect becoming a dissipation. No man is up to the full degree of professional efficiency who permits his leisure to be frittered away by unprofitable recreation. Even recreation has character, and, be it ever so relaxing, should be graced by dignity. Literature, art, music, brilliant associations, politics, language, poetry, a side branch in science, biography the "humanities" all have their recreative and great cultural value.

While I have referred to these subjects as recreations, they can not fail to have a reactive benefit upon strictly professional work, and to be contributory to one's acumen in handling and interpreting people, even in estimating their modalities in regard to the administration of remedies. In some of these subjects, physicians, aside from being foremost in their specialties, have attained distinction. William Harvey was one of the best mathematicians of his day. Doctor Daniel G. Brinton was, perhaps, the best qualified man of his time upon the subject of American archæology. Doctor O. W. Holmes, while he maintained his position as professor in a medical college, gained vastly more distinction as a literary man than as a doctor. The late Timothy F. Allen, one of New York's leading physicians, became a noted botanist, and was regarded the best American authority upon the charáceæ. Virchow was learned in statesmanship. Metchnikoff states that, aside from what is ordinarily referred to as biological sciences, folklore, philosophy, religion, language and poetry of all races and stages of culture must be studied in order to comprehend the real physical and physiological properties of man.

Probably the most conspicuous living example of the physician who combines literary pursuits with his scientific work is Doctor Osler. He takes wide excursions into the domain of the classics and draws freely for his illustrations upon ancient literature, history and biography. Still he writes, that the biological studies give to a man clearer points of view and an attitude of mind more serviceable in a working day world than the other sciences or even the humanities.

Scholastic studies are not incompatible with ample professional qualifications. Just now there is an awakening to an interest in historical medicine. Six medical colleges in the United States (Yale, Chicago, Johns Hopkins, Maryland, Buffalo, Minnesota) have courses in medical history. Original records, manuscripts, inscriptions, and even excavations are being ransacked for mines of neglected and over-looked discoveries. Besides, the relations that existed between the doctors of medicine and the Pope and the clergy, the governors and the people are being studied in the original languages. Even the old Hebrew writings and Egyptian inscriptions are subjected to investigation from the physician's standpoint.

Before a young man enters upon the study of medicine the law requires, as well as the college course, that he have a specified degree of attainment in certain branches. These are regarded as essential to a comprehension of the fundamentals of the subject. What values are to be placed upon different branches has caused much discussion and disagreement, but the average high school course is now agreed upon as a minimum. Some maintain that certain studies are the all-essentials. Others that a mind trained to continuity of thought and the capacity of independent reasoning from facts and data to rational conclusions is sufficient, and favors giving the student a wide choice of election.

According to an old system the physician classified his people by temperaments, a method not without merit. There is the nervous temperament, the phlegmatic temperament, the sanguinous temperament, and so on. In a similar way students may be grouped in regard to their tastes. One has a predilection for languages, one for mathematics, others for literature, and some for the classics, and so through the list. From their earliest school days they frequently manifest these preferences which may be developed into delightful accomplishments and be carried along with routine work.

By the fixed rule system only such language, mathematics, history and natural science are measured out to the pupil, as it is thought he should know so as to enter understandingly upon medical branches. According to the other theory, even if he be deficient a count or two in trigonometry, for instance, he may be ahead of the average in Latin, Greek, English, elementary psychology or some other disciplinary branch so as to comply with an elastic standard.

Of course, it is appreciated that so long as the high school is the gateway for the ordinary student to a medical course, there is not so much hope of his becoming liberally educated as there will be when the academic college courses are added to the list of entrance requirements. However, if with nothing but high school training a student of the intellectual diathesis starts out in medicine he will, with a little latitude for his tastes, round out to a high degree of scholarly attainments.

The student who has the elective privilege and selects only easy courses will probably never make a scholar, unless, perchance, he experiences the quickening influence that occasionally comes from contact with an inspiring teacher. In his choice of studies he betrays his instinct and gives evidence as to whether he had better or had better not be urged to take what is usually referred to as ad-

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vanced work. The student with the scholarly predisposition and a taste for the humanistic studies should be encouraged to pursue them. If, on the other hand, his taste incline him strongly in another direction, why not let him gravitate that way? There is danger at this point of his being prejudiced by some scientific enthusiast who does not himself comprehend the importance of any group of studies beside those he has himself too narrowly pursued.

If I may be allowed to presume that there is anything conclusive about what I have said, I will make the following summarization:

I. A preparation for medicine is not particularly unlike preparation for any other specialized work. It contemplates the training of the faculties and acquisition of classified knowledge.

II. The average graduate, at the present time, will enter the practice of medicine as a business project, and will not strive for lofty educational ideals.

III. The ideal physician will appreciate the value of all knowledge and delight to become proficient in such intellectual activities as he may be led to by a refined taste.

IV. So soon as practicable advanced or collegiate work should be required for admission to medicall college.

V. In the advanced studies a wide latitude should be premitted to the conscientious student that he may cultivate his preferred branches.

VI. As the humanistics, such as the classics phllosphy, history, the arts of reasonings have great cultural and disciplinary value, students should be encouraged to pursue them as a historic background against which the present appears.

VII. The greatest merit of these studies is not to be sought in their technical values, although a knowledge of Latin and Greek is time-saving in the etymological translation of words and idioms, and facilitates the learning of modern languages, but because they conduce to a better interpretation of literature, both medical and general, and are of great refining worth in a broader sense.

PROTECTION OF THE HEALTH OF SCHOOL CHILDREN.

BY L. E. WHITNEY, M. D., CARTHAGE, MO.

[Read before the Missouri Institute of Homœopathy at St. Louis, April 23, 1906.]

It is safe to say that no institution in this or any other country can compare with the public school in its moulding, developing influence over citizenship. Beginning with the age of six and covering a term of from eight to fifteen years of the most susceptible period of his life, the future citizen is largely given over to the evolving ascendency of the school, and while not having his exclusive control, the measure of its mastery is sufficient to warrant the recognition of its predominating potency.

He enters the institution a restless, immature animal, unacquainted with a care, save for the present moment, and ignorant of the marvelous rudimentary powers within his being; but while under its dominion the mental faculties come to their heritage, the sexual functions spring into life, the physical being approaches adult's maturity, so that finally, when he leaves it, he is a man, impatient to grapple with the serious problems of life.

With savage races and the lower animals this stage of transition from the unripe to the mature marks the introduction to a long term of vigor and physical perfection. That such is not as true with those whose star is cast under the skies of higher civilization must be chargeable largely to the environments of these significant intervening years.

Not all of the material consigned to the institution of this period is of perfect pattern. Not all is possessed of the elements requisite to the growth of a worthy product. Yet how many are the parents who have pressed a good-by kiss upon the chubby cheek of red faced, rollicking lad as he starts for his first day at school, and received him back at the close of his college course only to commit him to a consumptive's grave? How many a girl has carried to her primary grade a picture of physical perfection, ultimately to resign an uncompleted course, tormented by menstrual cramps, exhausted by deficiency of good red blood, or wrecked by nervous prostration?

While it would be manifestly unfair to charge all of the infractions of this period to shortcomings of the school, nevertheless, since the only purpose of the latter is to deal with the particular requirements of the period in preparing its product for the exigencies of future life, it must expect to carry the burden of such responsibility.

Some months ago, in contemplation of the preparation of this paper, letters were sent to a score or more of prominent educators representing a variety of schools, and the various parts of the United States, in which the following questions were asked:

I. What, in your opinion, is chiefly contributive to the decline of health so often observed in pupils of our various schools?

II. To what extent is medical supervision in effect in the institution under your charge, and what advantage do you experience, or would you expect from the same?

III. What amount of physical exercise and bodily care is actually required of your pupils?

IV. Could the usual nerve exhausting examinations be eliminated without forfeiting a necessary spur to adequate effort.

V. Will you briefly suggest such changes in the usual school methods as in your judgment would be effective in preserving the health of students?

That replies were promptly received from all but two of those thus addressed, one of whom I learn is abroad, is evidence that educators are alert to the physical interests of their pupils.

As would be expected, and doubtless with some reason, the charge was quite generally made by my correspondents that decline of health during these developmental years is due to parental inattention more frequently than to school conditions. That unsanitary states at home, dietetic irregularities, social dissipations, excessive collateral work, such

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as music and dancing lessons, and the restraints and deformities of conventional dress impose burdens upon them that are too heavy for these immature physical organisms to carry.

Nevertheless, it must be remembered that schools are in operation for the betterment of society, taking it as it exists, and it is their first duty to preserve and improve health in order to secure the highest organic efficiency, and this, too, regardless of measurably uncontrollable contravening environments; that they should, therefore, be conducted in a manner to reduce to a minimum conditions demanding an expenditure of vital energy, while replacing the losses of the same as far as is possible.

Before arriving at school age the child is an unhampered personage, living largely out of doors and demanding for every waking moment something to do. Said something to do means something with which to exercise the physical rather than the mental system; something calling for the activity of the hands rather than of the head. Suddenly the current of life is reversed. The child is now required to sit quietly indoors for hours at a time, with hands and feet at rest, while upon the unpracticed mental powers is thrown the burden of the day's tedious duty. Accustomed to being wholly unrestrained, there must now be acnkowledged an inflexible and progressively more exacting standard of achievement. To the eye, regardless of adequacy of light, is assigned the task of frequent and rapid changes of focus from nearby book to distant board, and to the ear the trick of acuteness to that which is intended for it while obtuse to every other sound. Six hours per day must be spent in crowded, illy ventilated and poorly heated rooms, with additional hours of study and worry at home at night. The excessive tasking of unsympathetic and incompetent teachers must be submissively endured. Stairs are to be climbed unnumbered times per day. The calls of nature must be curbed, menstrual periods ignored, health disregarded in the frenzied rush to pass examinations and make the next grade.

In all this strenuous stampede for proficiency the physical being has been left to its own devices. A morning and afternoon recess is provided, and certain athletics are advised, but since they are not required, and if they were they must be taken without competent supervision, they are not elected by those to whom they are of greatest need.

At the end of it all the head has become the storehouse of an accumulation of facts and the mind been duly disciplined, but the hand, from long disuse, has lost its cunning, and when even at the end of the eighth grade, from which ninety-two per cent. graduate to a life of physical effort, they find themselves handicapped by an acquired incapacity for the work upon which dependence must be had for a livelihood.

It is generally recognized that the primary power which keeps the wheels of life in motion is nerve force, yet through all of these and many subsequent years there is a constant "run" upon the capital stock of nervous energy that tends to leave it weakened if not totally bankrupt.

If we are ever to realize our hopes for a stronger physical manhood, it must come as a result of surrounding our children and youth during the developmental period of their lives with conditions designed to conserve the fund of strength with which they are endowed, while at the same time educating their bodies in conjunction with their minds.

The many causes of work and anxiety must be reduced to a minimum. Half day sessions for the younger pupils, frequent resting, stretching and relaxation periods for all grades, and a lessening of the high tension so characteristic of present day life, both in and out of school.

Exhausting examinations which are still quite generally employed and which have been the occasion of inestimable vexation and nerve strain should be greatly modified, or, better still, altogether discarded, for, quoting the language of one of my correspondents who seemed to voice the sentiment of the many, "a teacher who cannot estimate a pupil's fitness for promotion without the employment of that barbaric relic of a bygone age has certainly mistaken his calling."

Encouragement rather than humiliation should be the spur to added effort, and fitness for advancement gauged by the standard of one's success instead of his failures.

It was interesting to note the unanimity of opinion, as indicated in the replies received, concerning the medical supervision of schools. While but one reported from a secondary institution where such inspection is already in force, many were hoping for its early installation, and the language of Superintendent White, of my own city, that "there should be a State law requiring medical inspection of all schools, public and private," seemingly expressed the feeling of everyone.

And why should this not be so? Why should not this and other States have laws similar to those which have been proving so effective elsewhere? We pride ourselves upon the progressiveness and altruism of our beloved America, yet many of the countries, and especially the larger cities of Europe, have had laws requiring medical inspection of schools in active operation for many years. We are apt to look upon our South American neighbors as little more than half civilized, yet several of the countries of that Continent have long since adopted medical inspection laws. Little Japan requires a school physician in every city of five thousand and over, and even in poor old Russia, to be compared with which would be an insult to Missouri, even in Russia, "since 1871 a phpsician has been appointed for each secondary school, who not only treats pupils, but is also required to supervise schools, pupils and methods, and see particularly that gymnastic exercises are adapted to the pupil's physical powers." In New York, Boston, Philadelphia, Chicago, and a few other of our larger cities medical inspection has been for some time in operation. Wherever this is so, there is abundant evidence of its need and practicability.

In New York the special commission has discovered by medical examination that "more than half the children examined need some immediate

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medical attention, if they are ever to become normal, valuable citizens."

If it is true, as said by Sir Jno. E. Garst, M. P., that "School authorities will in future be held as responsible for the health as for the intellectual instruction of the children who come under their care," then it is equaly true, still quoting the same authority, "that every child, on entering school, should be medically examined, the ailing ones classified and their condition recorded, and their work governed according to their ability."

With the adoption of compulsory education laws medical inspection becomes the more imperative, since without its protection many pupils would receive positive injury, for disease and its attendant incapacity are frequently difficult of detection by the non-medical eye, especially when it is of slow development, and the physician alone possesses such capability. The forcing of children, possibly afflicted with some abnormality of eye, ear, heart or spine, by law, into schools in which the curriculum and requirements are the same for all without regard to physical condition or mental capability, savors more of barbarism than of progress.

But medical inspection alone will not suffice to stem the current of physical degeneracy coincident with school life. It will discover its cause and suggest the remedy, but the filling of the prescription will necessitate extended scope and additional apparatus.

A century ago our ancestors in growing up were living largely in the open, engaged chiefly in physical pursuits, and the product was a sturdy, vigorous race, to which "nerves" were an unknown quantity. To-day our population is in great measure urban; modern architecture has made our homes practically air-tight; the muscular career of our fathers is exchanged for a sedentary life of mental labor, and a rapidly developing race of neurasthentics is the result. The healthiest people in the world are those who spend their time in the open air. The inference is plain, there should be less of crowding school children into poorly ventilated rooms and more exercise out of doors; school gardening, field atheltics, military drill and other forms of physical exercise, under the direction of a competent medical supervisor, should be as much a part of the required course of study prescribed by law as is now mathematics or history.

Teachers should be trained to appreciate the needs of the body as well as of the mind, and facilities provided at every school for the education and development of the physical being, no less than the mental one.

Moreover, since education is designed as a preparation for future usefulness, and since a vast majority of school children must ultimately earn a living by some form of physical effort, their primary education should embrace such training as will develop such facilities as they will ultimately utilize in their life work. A practical acquaintance with the common mechanical utensils and the principles of caring for a home is far more valuable and will save vastly more nerve wear than a knowledge of trigonometry or the Greek derivatives.

Embracing in a school curriculum manual training and the domestic sciences will not only provide a degree of physical exercise that is greatly needed at the time, but impart a training that can be depended upon for practical results as long as life endures.

If the time ever comes, as it should come, and in response to a rapidly awakening sentiment must come, when the school laws are made in the interest of the pupil in his entirety, when education is really recognized as a preparation for life, embracing all of the vicissitudes of physical as well as intellectual endeavor, when the body receives the same deserving scrutiny and consideration as does the mind at the present; if these efforts can be made simultaneously and under the fostering care of one great system, as will be necessary in order to realize harmonious action, the one guiding and controlling the other, as the one stimulates and strengthens the other, then may we trust our children to the care of this institution in confidence of their safe return; then may we hope for the development of a race of people approaching that degree of perfection which can only be realized in the possession of a sound mind in a sound body.

Correspondence.

SAN FRANCISCO LETTERS.

Letter from Dr. H. R. Arndt.

Dear Doctor Dewey:

Your letter received. Let me thank you sincerely for your offer to give me for the Pacific Coast Journal the use of a part of your own space; I would gladly accept it had I sufficiently recovered my equilibrium to know whether I am standing on my head or my feet, or had I one single line left of the very decent lot of manuscript awaiting publication. But everything is gone, and when you don't know when you will have another square meal, on what sort of an arrangement you'll sleep, and whether you'll ever be in shape to meet the common demands of daily life, there is little desire or power to do things that demand concentration of mind and can be put off. I am, however, glad to avail myself of the chance to tell you and your readers about how the land here lies, and what the situation is. Since I have been "across the bay" for ten days with a few hurried trips into the city I may not be able, at this date, to give you full details in so far as they apply to individual cases, but having been a participant in all the turmoil and misery of the catastrophe itself I may speak authoritatively concerning the great earthquake and fire and its immediate effects upon the profession.

To start with, let me assure you at once and unequivocally that the most lurid attempts of the daily press attempting to describe the occurrence itself fall far short from the reality. Neither tongue nor pen can describe either feature of the catastrophe, the agony of the earthquake or the terrors of the fire, which, soon beyond control, threatened to drive us all eventually into the sea. Those who passed

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through the Chicago fire of 1871, much less extensive and furious than our own, can fairly appreciate that feature of the catastrophe, but of the earthquake only those who were here can form an adequate idea; language fails to give a clear idea of the horror that can be crowded into less than one minute, which seems like ages.

The last hour I spent in my office on Tuesday was passed in making out a list of property at my hotel which I thought would warrant insuring against fire, at the rate of $3.50 per $100.00, expecting to hand it on Wednesday, the 18th, to the agent who had taken care of my insurance, and who thought it folly to insure the contents of the office in a building like the James Flood, which could not be hurt by anything short of a catastrophe, which would render insurance valueless. Little did we know that that very catastrophe was upon us.

On the morning of the 18th I was awakened by the earthquake, and like everybody else realized at once that something far out of the common was taking place; in fact, it seemed as though the end of the world had come, as though nothing built by man could stand the terrific strain, the wonderful and merciless power let loose. Every timber of the building groaned as though in mortal agony, shaking as if crazed, and almost shrieking in a madness of despair. I was utterly unable to get out of bed; the room was dark; the air stifling; objects, both light and heavy, were being thrown in every direction, and between the minor noises the fall of heavy objects on the street gave proof that buildings were coming down. To get out of the bed was simply impossible until the earthquake had died away. The first sounds of a human voice was that of my wife in the adjoining room (her only sister had on the 14th undergone a capital operation), exclaiming, "This has killed my poor sister." The duration of the shock seemed an eternity. I put it at one minute; it was forty-eight seconds; but such seconds! Dressing as quickly as possible, I found on the street all sorts of people in all sorts of conditions. The family hotel in which I lived, the Renton, an old frame building, which, in the early days, was the fashionable family hotel, was not injured externally, though chimneys were badly damaged and contents of rooms badly hurt. My wife, an artist on porcelain and glass, found much of her valuable bric-a-brac in pieces that looked as though made by some crushing machine, while an entire case of exceedingly fragile and very precious treasures in glass and fine porcelain were not hurt at all. The buildings in the street showed all sorts of damage. It was easy to see that the magnificent sky-scrapers of steel and stone stood unhurt, almost defiant; presumably safe brick buildings were badly, and some entirely wrecked, frame buildings of the more substantial kind behaved nobly, though many of the older frame houses tumbled about badly, or, as in the Mission District, had wholly collapsed. On the west corner below I saw Dr. James Ward, like myself, taking a survey of the field; he told me that the Wenban, a five-story brick building about eight years old, was badly hurt, and the janitor of the building, to illustrate the force of the shock, cited the complete summersault of a heavy safe in the fifth story. All this took only a few brief moments, and then I started on my errand to the Adler Hospital on Green street, near Van Ness avenue, rather more than two miles distant. That walk I shall never forget. Wreck and ruin everywhere; blanched faces wherever I looked; not an uninjured building in sight, if not out of plumb, shattered windows, fallen cornices often carrying parts of walls with them, wrecked entrances, broken columns, etc., were eloquent witnesses of the force which had played with the city for forty-eight seconds, and then left her a battered, bruised, helpless thing. Van Ness avenue had scarcely a house on it that was not badly injured. Recently built massive stone churches were shattered, walls crushed in, the front wall lying in the street, merely a wreck, a pile of rubbish. At some distance I could see that the spacious city hall was demolished, part of the beautiful dome still standing, with its top so twisted as to look grotesque. The nearer I approached Fort Mason the greater the havoc. In the distance I saw the regulars form, evidently to police the city; never was the sight of soldiers more welcome, for here they meant safety from thieves and thugs, and order instead of lawlessness. I was puzzled by what seemed unruliness on the part of the horses of the mounted officers and troopers. When I reached the spot where the troops were forming, I found the street badly fissured, and a few yards below the avenue had abruptly dropped about three feet. At the hospital, also badly injured, consternation showed itself on every face, but there was no confusion; physicians, among these Dr. Florence Ward, were already on hand to see if their patients were safe, and what pluck and devotion to duty could accomplish was evidently done energetically and without confusion. My sister-in-law was living and had stood the shock well. Returning to relieve my wife's anxiety, I walked down Polk street; here the buildings are older than on Van Ness avenue and of inferior quality, and the wrecks were frequent. All the plate fronts of the stores were shattered in the street; the goods were strewn on the floors, and everywhere frantic attempts to repair damage done or to escape from the buildings. Here another and quite pronounced shock sent hundreds screaming and praying into the middle of the street, and I would have run with them had I not realized the uselessness of it. Reaching my hotel after much trouble, I reassured my wife, and then we went down to see if the James Flood building was injured. During the short walk we saw things never to be forgotten. On Post and Powell streets the sound of tambourines and of singing was heard above the talk of the people, a couple of negroes were marching in the middle of the street singing after their weird fashion that the end of the world had come, and entreating the people to prepare even now to meet their God. A few steps more brought us to Geary street, passing Union Square. The top story of a large brick furniture store had fallen and crushed an old three-story frame house; in the hall of the latter was lying the dead, crushed body of a southern woman whom I knew well, and seven others with her. But the sky-scrapers were all intact, and while I was not allowed to enter the

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James Flood, where my offices were, it was evident that the building was not hurt beyond the falling of some parts of the cornice and other ornaments of the building.

Even when first stepping into the street I was met by the rumor that there was a big fire near the ferry, and that the entire Mission District was burning. Although I saw columns of smoke in the direction indicated by the rumor, I thought the report exaggerated, and was too completely stunned by the earthquake and its immediate results to worry much about fire; but by the time I reached the Flood building the certainty of a serious conflagration was upon us. How far and how fast the fire spread the daily papers have told you. Even though I did not at any time during the day think our hotel in danger, and our office building seemed safe, I tried to hire some vehicle to take part of my "belongings," at the Renton, to a safe place, but the uselessness of the attempt was soon evident. I had less than ten dollars about me; checks were of no use at all, and the price paid for the service I wanted depended wholly upon the rapacity of the man who owned the team. In the afternoon of the 18th there was some prospect of the fire burning itself out, and we began to hope but about 5:30 another fire started in the neighborhood of Montgomery street (the Cocker building, I think), and a few hours proved the futility of saving anything but life. My daughter, living at Alameda, had made her way through the large belt of fire and found me at the hotel about noon of the 18th, and in the afternoon of the same day we made two unsuccessful attempts to escape to the other side of the bay, paying out a large portion of cash we had between us. At eleven o'clock P. M. I managed to get a carriage, and to take me, wife and daughter, and some of our most needed clothing, to a place of temporary safety, some three miles distant, where the women had a chance to throw themselves upon a bed, while I, unable to sleep, passed the night in a chair on the sidewalk or porch, occasionally dozing for a few minutes, but chiefly busy watching the awful spectacle of a fire consuming a large city and threatening to drive us all into the sea. Of the suffering of that night, not to me alone, but to tens and hundreds of thousands, it is almost needless to speak. Automobiles and teams going past in frantic haste; the entire sky one sheet of fire; the atmosphere laden with smoke; rumors of all imaginary character everywhere, often incredible yet not as startling or fateful as what had actually happened; the constant boom of the dynamite and blasting powder; an occasional shaking of the earth, which made the stoutest heart beat faster—all these made up a night never to be forgotten. Finally morning dawned, and what a morning!

The first person I saw and spoke with was Dr. Guy Manning, doing his turn at police duty. A few minutes later we started out lugging our bundles on a weary search for friends, who, we were sure, would give us at least a cup of coffee. I had not been well for months, and did not see how I could carry the packages that held all there was left of our earthly possessions; yet I realized that it was a matter of life or death. As luck would have it, Dr. Bryant, who lives in the neighborhood, ran across us and gave me a big "lift," and we in good time found a cup of hot coffee and some baked beans, heated in extemporized brick ovens on the street, for no fire of any sort or light were permitted in houses. The day, in its wretchedness, was a repetition of the first, in my own case made memorable chiefly by another attempt to get out of the city. Our "flight" almost proved disastrous. To improve the opportunity which had offered my daughter had to separate herself from us, under the promise that shortly our driver's wife would get her and bring her to the livery stable, where we were to wait for her. The stable was on the very edge of the fire belt, some three blocks east of Van Ness avenue, and upon our arrival, our driver, the proprietor of the stable, received notice that within a half hour his stable would be dynamited. Of course, he abandoned us to our fate, and we had to retrace our steps over the more than 2½ miles we had come, carrying our bundles or abandoning them; my wife is not very strong, physically; it was noonday, and the natural heat of the bright day was made stifling hot by conflagration. In addition, the fate of my daughter, whose husband could only guess that she was with us in the city, was doubtful, for I knew that she would surely follow me, and neither troops nor dynamite would keep her from seeking us, and the attempt would necessarily endanger her life. The first thing I did was to rid myself, and with an aching heart, of the food supply I had purchased at the sacrifice of much precious money, finding consolation only in the thought that some other poor devil would probably bless the chance that threw it into his way. Then wife and I started, myself trying very hard to find something funny in the situation and to cheer her up. We strung the heavy baskets upon a stout stick I had with me, and, each taking one end, we started back to the place of comparative safety, I piling on my shoulders my heavy overcoat and a light suit I had taken with me. I soon saw that my wife was at the point of giving way, and when we reached Van Ness and Jackson streets she gave out. I had two interesting experiences here. A carriage, bearing the name of the St. Francis hotel, was quietly standing in the street, and upon my wife's inquiry as to whether it was engaged the driver promptly admitted that he could take us to the point we desired to reach. Upon my asking what charge he would make, he turned the tables upon me by asking what I could offer. I told him the amount of cash I still had left, offering at the same time my watch if he would leave me a dollar to buy food. Telling me that he would not drive around the corner for less than ten dollars, he turned his team and left us. I then appealed to the scores of idle men who were loafing on the sidewalk, asking them, for my wife's sake, to lend us a helping hand, and offering them all I had left if they would assist me. Only one person took pity on me. An old Chinaman, who, looking at my almost fainting wife, said, "Me lookee for my cousin; maybe he be dead; but lady look sick; I'll help." And while the dear old soul grumbled at the long distance of our tramp,

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he stuck to us to the end; nor did he grumble when I showed him my stock of cash, and kept out of it enough to get me some food. I have never been of the anti-Chinese cult; but the rest of my life I shall be a very pronounced pro-chinese voter. I must add that I still had more than I could well carry. I happened to meet my young friend, Dr. Tomlinson, and I owe it to his good nature and physical strength that I reached "home" without sacrificing any of the few things that now had become so precious. And, thank God! arriving at the point of our recent departure, I found my daughter frantically trying to find the means of following us, but fortunately thwarted in her attempts. Had I been ten minutes later the child would have been on her way.

All that day the fire burned and burned, and I was merely one of two hundred thousand homeless people, many of them beggared like myself; others, by virtue of feebleness or injuries received, far worse off than I was. Fully satisfied that my presence in the city could be of no service to anyone, for there was an unlimited supply of available surgical help and a very large corps of nurses, I continued my attempts to get out of the city, but all were useless, until one or two days later, I cannot tell which—we managed to catch the government ship Slocum, and with other refugees were carried to the ferry, and thence went to Alameda; my last and successful attempt to get away occupying a little more than two hours. While steaming down the bay, as beautiful even then as a dream, we saw the terrible fire crossing Russian hill and Telegraph hill, working its way to the warehouses and shipping still standing. The sight was awful, and the crackling of the devouring flames seemed like fiends in hell, laughing in glee at the destruction they were causing. But the sun was shining, and as I turned from the doomed city it was with the feeling that dear old San Francisco would rise from the ashes, and with the determination that I would before long be once more busy in the old haunts. I felt the surgeon would soon yield the field to the physician, and then I, too, refreshed and once more fit to work, would find my place among the workers and among the second crop of pioneers. I think tomorrow I shall go back into two little rooms I have rented on the corner of Hayes and Fillmore streets; one of these will be my palatial office (without books, without medicine, without apparatus), the other will be my sumptuous residence. I have spoken of myself only so far because in no other way could I tell you what you want to know, and my experience is that of everybody else.

Now, so far as the profession is concerned, physicians of all schools worked like heroes, and so did the nurses; San Francisco has always been overstocked with both, and the fact that a super-abundance of surgeons and skilled attendance were available from the start was a great blessing. The health authorities worked energetically and intelligently in connection with the medical officers of the United State Army and of the State board of health, and I doubt if our old school friends after this will grumble very bitterly about the homœopathic chairman of the health commission, Dr. James W. Ward, so constant and so efficient was his work. It is now admitted that the medical profession will, in the long run, be among the greatest sufferers. The papers to-day admit that over a thousand San Francisco physicians are helpless, many of them without the necessaries of life and without the means, be it cash, books, medicine, or instruments, to begin the task of making a living. Efforts are being made to systematize the work of relief among physicians, and to so distribute aid tendered as to do the largest possible good to the greatest number.

Among our own people there are very few, so far as I know, but have lost, more or less some of them everything; we console ourselves with the belief that it will be "all the same in a hundred years." Dr. James W. Ward I have not met since that fatal early morning; he has lost his office and its valuable contents, probably insured; he is, I am told, to open an office at Jackson and Scott streets. Dr. Palmer lost his office, probably insured; his office, for the present, will remain at his residence, Jackson and Filmore streets. Dr. Florence Ward is at the family home, Broadway and Devisadero; her office is destroyed, probably partly insured. Dr. Sidney Worth lost his office, and can be found at his house, or Vallejo street. Dr. Geo. H. Martin lost his office and contents, and, living at the Palace Hotel, his rooms as well, although carrying insurance, he is beyond doubt a heavy loser. He has opened an office in Oakland. Dr. Wm. Boericke was in Europe. Within an hour after the great shock I was at his house, fearing that the family might be injured. The building was injured, but evidently not occupied. I was happy to learn within an hour, that the family were at Mill Valley. Dr. A. C. Peterson lost his office, on which, I understand, he had some insurance. He has opened an office in the Union Savings Bank building, Oakland. Dr. Philip Rice lost his office; how much insurance he had I do not know at this time; he now holds forth on Webster street. Dr. T. G. McConkey managed to save his instruments and some books by dint of pluck and physical strength, and rendered efficient service as soon as he had insured his personal safety. He is at present domiciled with Dr. Joseph Brooks, on Clay street, who also has lost his office and its contents. Dr. E. R. Bryant lost his office in the James Flood building, probably partly insured, but his house is all right; he now has offices on Filmore and Pine streets. Dr. Laura B. Hurd lost her office; some instruments; can be found at 1833 Buchanan street. Dr. C. D. Potter was burned out of his office at the Wenban; beyond doubt lost its contents; don't know how much insurance he had, nor, at present, where he is now located. Dr. Edith Wells, of Valencia street, the faithful secretary of our city and county societies, lost everything; no insurance. Dr. N. Bailey, one of our young and promising men, is, I understand, in the same boat. Dr. Ballard's residence was burned, and his office with it. I do not know how great his loss is and to what extent he was insured. Dr. Alice Goss lost her office; probably some insurance. Dr. Guy Manning's office went with the James Flood; his residence all right; beyond doubt he lost considerably in his office. Dr.

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C. Scott's office was destroyed, and, I think, living at the Palace, she must have lost other valuable property; whether insured or not I do not as yet know. Dr. Ida Cameron lost her office and is now at Mill Valley, unless I am not correctly informed. Dr. Lillie Boldeman lost office and contents. Dr. Minaker's office and residence were both lost; the extent of his financial loss I am unable to tell at present. Dr. J. H. Romig, a newcomer here, must have lost pretty much everything; he officed in the James Flood building, and I doubt if he carried any insurance. Dr. F. Canney and Dr. R. Tomlinson lost their offices and their residences at the Empire; extent of insurance I do not know. Dr. Geo. Starbird, one of our young men, had office at the Wenban, and lost its contents. And so through the long list of our people; with few exceptions they are in a bad shape. Drs. D. Gates Bennett and P. Garlick escaped serious loss, but many others I have not mentioned are among the sufferers.

I received a letter from Dr. Horace Packard, of Boston, notifying me of the efforts made in Boston and Massachusetts to render aid to the profession here, and asking me, as president of the San Francisco City and County Homœopathic Medical Society, to appoint a committee to receive and distribute any aid tendered. I have appointed the following committee: Dr. Wm. Boericke, 1812 Washington street; Dr. E. R. Bryant, Fillmore and Pine streets; Dr. Florence N. Ward, Broadway and Devisadero streets; Dr. T. G. McConkey. The president will act ex-officio. Dr. Boericke will arrive here soon; until then Dr. Bryant will act as chairman.

The pharmacy had its entire stock destroyed. It now occupies the lower floor of Dr. Boericke's residence, getting ready for the new stock ordered from the East. Our new hospital, just dedicated, was badly injured by the earthquake, both L's or wings being partly ruined; it had not yet been occupied. The loss is about $20.000. The old homœopathic sanatorium on Presidio avenue is "out of commission." The college stands, somewhat battered, but still in the ring. Lectures will be taken up tomorrow. The Pacific Coast Journal, for the time being, does not exist; all its manuscript and papers having turned to ashes. The cozy rooms of the city and county society are only a memory.

H. R. Arndt.

Letter from Dr. Bryant.

San Francisco, May 3, 1906.

Dear Dr. Dewey:

I suppose you have congratulated yourself many times on having deserted San Francisco before she deserted you. No doubt you wondered how your successor fared.

Well, the earthquake was certainly as severe as one could feel without being killed or without destroying every house within its range. The house rocked violently and quickly in all directions, and even twisted. I thought, of course, it would collapse and that my last day had come.

I wasn't the least bit frightened, and did all I could to console Mrs. Bryant. As I looked out of the window and saw our Chinese cook and Mexican coachman in their night clothes looking frightened at the house, I opened the window and gave them the "haw-haw." I enjoyed their discomfiture hugely. Afterwards they told me that the house waved like a flag in a breeze.

My first thought was for our beautiful new hospital, which had just been finished. The finest hospital in the West, and the most modern and up-to-date in the United States. I found it badly cracked and injured, and the four nurses who slept there looking wistfully at it, undecided whether to return or not.

About an hour later I started to inspect the entire building, and when on the third floor a heavy shock came, and things in the building began to rattle and shake, and portions of the front and sides fell out. Mrs. Bryant was holding the team in front of the hospital, and the earthquake frightened the horses so that they ran two blocks before she could stop them. In fact, they ran until the vibrations of the earth ceased.

We, in the hospital, ran down the inclines (they are used in the place of stairs), but I had my collar, tie, cuffs, coat and vest off, and I would not go out until I had them properly adjusted. I would rather be killed than be seen running from an earthquake.

On the way down with my team I met business men, one after another, with the same tale, the whole lower part of the town had burned before they had reached their places of business. As no cars were running, everyone who had not a horse, bicycle or automobile walked.

When I arrived at my office, in the magnificent James Flood building, the Emporium across the street was burning, but it didn't injure the James Flood building. I took out a few things and left. I returned again and took out a few more things. There was such a quantity of expensive things that I was at a loss to know what to take. I took all of my account books and most of my instruments, hand medicine cases and microscope.

An insurance policy of $5,000, which I had paid high premiums on for years, expired last January. I allowed it to lapse because I was in a fire proof building.

I felt foolish to take things out, as everybody in the building "guyed" me, and said I was a fool, and that the building could not burn. They had their own independent water supply and thousands of gallons on the roof, but all of the people employed in the building were driven out by the soldiers before the fire reached it, so the building was left to the mercy of the flames and was completely gutted.

That night I drove up on Corbett Road and could see no escape for the entire city. I saw the fire in battle array about ten miles long, moving ahead obliquely across Market street, taking everything in its way from the north beach shore at the foot of Kearney to the S. P. yards in the Mission.

For four days and nights we would go up on some eminence and see the fire slowly but surely eating up the city, and no one expected a telegraph pole to remain. It was heart rendering to see the

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poor devils who were burned out and those to be burned out crawling along the streets toward the Park and Presidio. There was no escape to the south, and in no direction except ferry boats from the foot of Van Ness and the Presidio.

To see 500,000 people all move on the same day is a sight novel and amusing as well as terrible. Some were pushing a bureau, sofas, some a trunk some their few belongings in their arms. I saw friends pushing baby buggies, toy wagons, etc., etc. 'Twas no fun; great cinders falling about everybody, even miles from the fire. This reminded me of Lytton's Last Days of Pompeii.

Thursday morning found my offices in ruins, and I found Dr. Tommy Frazer, our old dentist friend, and we drove up Fillmore street and rented the only flat left. We have seven rooms and a bath, and although the rent formerly was $30,00 a month, we were raised to $100,00 a month. Two weeks ago I would not have accepted it rent free.

Here we are getting installed; to starve or not to starve, that is the question. Marshal law is relaxing. About a week we were allowed no lights, not even candles. Soldiers shot out those they saw. The only penalty for breaking a known or unknown law was instant death, and the rifles were cracking day and night. Several prominent people were killed by over-zealous soldiers. Then we were allowed light until 7 P. M., then until 9, then 10, and now until 11 P. M.

No one can cook in their houses, and it is amusing to see the stoves, fireplaces, etc., in front of every house. No running water, no gas, no electricity, no telephones. Cars are beginning to move women and children free.

Poor old San Francisco is a wreck, but she is brave, reckless and happy to the end. Nothing except a few isolated houses on Telegraph and Russian hill near the north beach remains between Van Ness avenue and the bay. Everything south of Market to the S. P. tracks are burned from the bay to 21st street. The north side of Golden Gate avenue was saved, though badly scarred and seared. The south side out to Octavia and from there south to the Mission is gone. Dolores street was the west line, all on the east side burned, but the west side, including the old Mission, was saved.

Fillmore street with its car line from the bay to Church, 16th and 18th to the bay south, traverses the whole city and transfers to every line. It is the business street of the city.

Almost every man in town has some sort of a badge. Without this they and their rigs are pressed into service. Up to a few days ago none except the elected few could walk any distance through the burned district without being put to work throwing bricks or clearing streets. Crowds coming from across the bay walking up Market street would be only women and children before they went a few blocks. There was no respecting of persons. Chas. Curry Secretary of the State, threw bricks for three hours before his identity was revealed. Men crossing town to visit their relatives were delayed five hours (the usual time) throwing bricks.

I received a letter from an Oakland patient who tried to reach me three times, but threw bricks instead. He finally got a pass and was all right. Anyone going horesback or driving in a buggy or automobile were rudely ordered to get off or out, and the city or army appropriated them for their use. This made vehicles of all kinds exceedingly scarce, and it was not until Gen. Greeley notified the inhabitants that no more men, horses, teams or vehicles would be seized, that all sorts and conditions of rigs appeared. The city looked as it did during the street car strike.

As for food, we would have all starved had not good people and the government came to our aid. On the afternoon of the earthquake you could not buy enough to feed a bird in any delicatessen store. All restaurants and bakeries were closed. You could buy a few uncooked things, but as no one could make a fire they were of no use.

On the following day we were permitted to cook on the streets, and how quickly all sorts of cooking arrangements appeared.

All of the wholesale houses and warehouses for food were burned, and as the country generally depended upon San Francisco for supplies, there was a sudden shortage of food in all cities and towns dependent upon San Francisco. The government took all of the edibles in all of the retail stores of the city, and for ten days we had to line up with baskets and take what was given or starve.

Water is very scarce, and at any sign of water there is a line waiting. All liquors were seized and confiscated. Elegant saloons were entered by soldiers, and every bottle broken and the contents of every keg poured out. We are not only short of water, but if there is a drop of liquor in the city it is hidden. All saloons and groceries were cleaned out.

Soldiers are not police and marshal law is not civil or criminal law. What the commanding officer says goes. Young Rhiordan, the son of a prominent lawyer and politician, was about to enter his fatehr's house with a bottle of whiskey when a soldier commanded him to drop it, and Rhiordan refused, began swearing, and said, "I live here." With that the soldier fired and Rhiordan fell dead. No one carries liquor on the streets now.

It's contrary to military law to enter the burned premises without a pass, as death is the penalty. You can look over blocks of burned houses and see no one hunting for relics.

As I was cleaned out I went to Oakland and borrowed and begged duplicates from the doctors. I am pretty well filled up, and it did not cost me a cent for furniture. As I couldn't buy a thing it was easy to ask for them. If I had to pay for them I would have had to go without.

The homœopathic pharmacy and all good drug stores are burned. Every instrument house and store of any size is gone. Every time I think I'll buy something or order something the second thought tells me that it is no more.

We are a city of about 400,000 in house or out, with no stores except little one horse affairs. About 100,000 people have left town. The night after the earthquake no one slept in a house, and the succeeding nights no one dared to sleep soundly lest they'd be burned before morning.

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The fire was freaky. It passed a mile beyond the James Flood building, and I went to bed confident that I would save my office. During the night it turned around and wiped up the inside of the James Flood building.

All class A fire proof buildings are cleaned out completely. You can build a fire proof building that will stand after a fire, but everything inside will be wiped out. The earthquake did not affect them.

A man or woman who will put their belongings on a wagon and go 3,000 miles through deserts and forests peopled with Indians, wild beasts and poisonous reptiles, is made of different stuff than other people. Almost every native is connected with or descended from a pioneer. No braver or better hearted people ever than the pioneers or their descendants. As the Anglo-Saxon element makes all foreigners Americans, so the pioneer spirit has infused the people of San Francisco, and they march up to death or financial ruin with their heads high and a smile on their faces. My father was a pioneer as was my mother and her parents.

I've driven through streets and parks filled with refugees, where hundreds of thousands are camped, with only an armful or two saved from a comfortable home, and I have defied anyone to tell the difference between those campers and those found at the seaside or mountain resorts.

If people who live here did not love San Francisco, they love her now. The milk of human kindness flows through her streets. Everybody is eager to help everybody else, and it's a privilege to see such noble people. Brave, plucky and loyal to the end. If another earthquake or tidal wave destroys the town the city will mock death and fear and go bravely to the end.

Nero fiddled when Rome burned, and San Franciscans were cheerful and jolly when their homes and business were going up in flames. A man of millions of a yesterday will tell you with a smile that he's dead broke like everybody else, and everybody laughs. Everybody has lost a home, office or business, and as everybody is in the same boat no one is grumbling.

Out of the ashes the grandest city of the world is destined to rise, and in five or ten years every San Franciscan will speak of this fire as a blessing. Think of the opportunity. Miles of ground with its majestic hills to be built upon by thousands who are waiting a "permit" to begin.

Broad avenues, easy grades and magnificent earthquake, and fireproof buildings will be in the place of any old kind of a shanty.

Every doctor of any sort of prominence or ambition had his office burned or his home. Hardly anyone saved a thing, as the fire came so suddenly and unexpectedly. Then people were kept out of many of the large buildings because all had to be inspected after the earthquake, and a man had to realize that his office was going to burn and was not permitted to save a thing.

People were ordered out of most of the hotels after the earthquake, and were not permitted to return for their clothes, etc. All of the laundries filled with clothes burned, so people are hard up for clean clothes. But although they are dirty, hungry and thirsty, there was never a jollier looking lot of beggars than those energetic, devil-may-care San Franciscans.

The banks are all burned and their vaults cannot as yet be opened, so money is short. The waiter or clerk may have more ready cash than the millionaire. But we are all in the same boat and everybody is happy.

There are no fires in the houses, and the weather is not extra warm. I often eat with an overcoat, hat and gloves on. There is no whiskey to warm up on and no hot scotches, but nothing like getting acclimated to anything.

Most doctors are leaving town or having their offices at their homes. Few risk the expense of office rent, etc. But I've a stiff upper lip, and am going to make it go whether or no. I am coming East in September if all goes well with my outside interests. I want to attend the American Institute and International meeting at Atlantic City. If I depend upon my practice to get me there I will only reach East Oakland.

Not the least of the troubles is the prohibition to use toilets. For a few days people went without or went to the "tall timbers." Then holes were dug and old fashioned closets constructed, as seen on farms. Think of 400,000 people in the city compelled to such inconvenience.

We must have been sights. For days I did not wash my face or hands. For one week I didn't wash my teeth. It's been two weeks since the quake, and I have not had a bath.

The actions of our Chinese cook were amusing. He is one of those swell first class French and German cooks who wears clean white Chinese clothes all the time. He reads and writes English and can answer the 'phone well—a great rarity. After the earthquake he informed us that he would not stay in that house as it was unsafe. The plastering in his room left the walls and swatted him on the body in sundry places. He left for Chinatown, a portion of the city built by the Forty-niners, and mostly of brick and adobe.

Of course, when God was shaking his creatures he didn't do a thing to the heathen Chinese. So Mr. Louou, as I call him, was happy to have a nice, uninjured wooden home, with deep cement foundations, to come back to.

That evening of the quake we walked down to Powell street, 2½ miles, to see how our roasting process was proceeding. On the way we saw a long string of Chinese coming, as usual, in single file, carrying huge bundles. We divined the truth. Chinatown was burning. We asked a Chinese what was the matter, and he referred us to one a few paces back, and he proved to be our cook, bringing about a dozen friends to our house. They remained in the barn during the warm days, or hell days, just as one designates them, and were a comfort, for with our own chink and coachman we had fourteen able bodied men for defense or any old thing. We gave them food and bed clothes and treated them royally. This put our cook under everlasting obligations, and made everybody comfortable. If the

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fire should approach us those men could have cleared our house in an hour's time.

After my office was burned out I got mad, and, although my home and furniture were well insured, I swore not a stick of furniture should burn. We took all the furniture from the upper story and put it safely across the street in the Presidio. We also took the belongings of several others who came to our house for refuge. Some of the party stayed out to guard the effects, and I with thirteen Chinamen guarded the house lest a freak of a fire should spring up near us. Hot pieces of wood the size of a thumb or fist were constantly falling about us.

After the fire had burned everything in sight it stopped because it had nothing else to burn, and like Alexander it wept. It rained. All the water mains were broken by the shock.

Chief Sullivan, of the fire department, was killed by the earthquake, and the fire was taken charge of by the most impractical men in the United States—army officers. They blew up buiildings with dynamite after they were ablaze, and gave the fire kindling wood to consume, and did many other asinine things.

Well, after the fire had burned itself out and about 300,000 people were without cover, nature, who had it in for us, ducked us with a drenching rain. Of course, the rain only came when it could be of no use and could only do harm.

Of all people probably the doctors are "up against it" hardest. Every doctor has lost his office or home or both. No one saved anything, as the freaky fire, after leaving the center of the town and having passed on for two miles, returned like a thief in the early morning hours and wiped up all our things.

No doctor or hospital has collected a cent since the earthquake. As all banks are closed no one has money. Then mistaken philanthropists have sent doctors and nurses by the hundreds when there are a thousand doctors and as many nurses here without a job. Why didn't these people stay at home, where all must be in plenty, and leave the poor devils here to get their dues?

The hospitals are all on the verge of bankruptcy, as their incomes have ceased and their supporters are all broke. I attended a meeting of representatives of the hospitals at which was Dr. Devine of the Red Cross, and a representative of Gen. Greeley. I was surprised to find that all the hospitals were in the same class with ours—on the verge of bankruptcy. They all expect to be compelled to take free patients for the next six months, and arrangements to that effect are being made. The Government is to furnish medical and surgical supplies, food, coal and fuel oil and $1 00 for each patient cared for gratis at the hospital. This will help but will not be sufficient.

Our hospital of forty beds costs $3,000 a month to maintain. Our new hospital of 160 beds needs $25,000 to repair the damage by earthquake, and the money cannot be raised here. On our board of directors we had five millionaires, W. W. Van Arsdale, E. R. Lilienthal, W. P. Fuller, Marshall Hale and Dr. Hartland Law. Each have lost over a million by the fire, and like the rest of our citizens, feel about down and out. Dr. Law is travelling to Washington to confer with the President and the cabinet.

The down and out club will receive an immense addition of new members by this little jag of merry old nature. Free dispensaries and drug stores are to be established every twelve blocks, and doctors will have a hard time to live for the next six months. I have no fears for the future, and will "stay with the works till hell freezes over."

I have lots of company. You can recognize the amount of a man's loss by the size of his smile. A man who has lost a pair of old shoes mght look sad, but one who has lost a few blocks looks happy. Everybody is broke, everybody is a beggar, and nobody seems to care.

Strangers are amazed at the stoicism and good cheer of the jolly sons and daughters of the Golden Gate. Any tales of people fleeing panicky from the flames are false. The whole city was moving their things in baby buggies, on sofas, trunks, bureaus and every conceivable conveyance, moveable or otherwise. There were dogs, cats, birds, horses, cows, pigs and all living creatures not in pairs like Noah's ark. You could pass them for miles, and they all seemed to recognize the ludicrous side of the situation, and as everybody was in the same boat, others' misfortunes mollified their own.

We have the bravest and best people to be found. We have miles of hills and dales unoccupied by man's ugly architecture, and we are going to open up broad avenues and boulevards, and in a few years will have the most beautiful city in the world. This is no idler's dream. Such opportunities has no other city or nation. No potentate can say I will build a city here or there, but 500,000 people can make that assertion and bring it to consummation.

Telegraph Hill, Nob Hill and Russian Hill have no equals in any city, and they are to be surrounded with magnificent buildings and other works of architecture.

We may starve for a few months, but, Phœnix like, we will rise triumphant from the flames to the admiration and praise of a sympathetic world. We will defy earthquake, fire and death.

May heaven never cause you or yours to ever see such a terrible human tragedy, and dear old San Francisco soon forget the hideous picture of last week.

I neglected to state that there was no speed limit for automobiles, and it was a sight to see them whizzing through streets which were packed with human beings; some carried injured and dying men and women, and some officers with their lady friends. But there was no way of discriminating; scores were loaded with dynamite hurrying to the destruction of some building. A collision would have been of unusual interest in the news of the week.

Business is being resumed with as great speed as possible under the conditions. Machinery, goods, etc., cannot be purchased west of the Mississippi, and at least a month will pass before order will be restored in the wholesale and retail business.

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The earthquake itself, although terrifying, would not have caused scarcely a second thought had not the fire followed. Oakland was as severely shaken as San Francisco, but there all signs of the shock are rapidly disappearing. The earthquake was the most forceful sermon that San Franciscans ever heard. Everyone thought death was at hand, and there must have been a great deal of hard thinking and praying at that time. After the shake nature seemed undisturbed. The trees, the flowers, the grass and the birds all seemed to enjoy the beautiful spring morning.

This shows how slight is our hold on this earth. How easy for old mother earth to get rid of her inhabitants and hardly ruffle her back. As a bull whisks a fly off his back with a simple movement of his tail, so easily could this earth shake off the poor, helpless human creatures which inhabit its surface.

New York, Philadelphia, Chicago and all great centers would be a mass of disorganized brick and stone if they had our forty-seven seconds shake for three minutes. The destruction or suffering caused by the fire cannot be estimated in money or area burned. It is true that hundreds of millions of dollars were lost, but who can compute the loss of the life work and study of thousands which were rendered useless in a few hours.

There were probably more hotels in San Francisco than in any city in the world. Besides the large first and second class hotels there were hundreds of family hotels from six to twelve stories high and innumerable apartment houses. To-day not a hotel or a house ever used as such remains within the boundaries of the city and county of San Francisco. The restaurants of this city were the praise and admiration of the world. In no city was there a greater variety of restaurants of all classes, nationalities and kinds. They are all gone and not a restaurant remains whose threshold I would cross. The cheap ones that remain are compelled to cook in the streets like the millionaires and other beggars.

Four hundred and fifty blocks with buildings and contents of priceless value are now a smouldering, worthless mass.

Our home is situated in what is known as Presidio Heights at the McDowell Gate entrance (1st avenue) into the Presidio. The lot is 87 feet front by 130 feet deep, and is very steep, so that our house shows two stories and attic in front and four stories and attic behind. Our bedroom is four stories from the ground and the vibrations were of such violence that it was a miracle that the house did not collapse. We lost two chimneys and a great open fireplace was badly wrecked. Outside of considerable displaced plaster and broken bric-a-brac, our loss was slight. Besides our own ground there is considerable space free of buildings on each side of our home. Our barn and automobile house were the only buildings within a dangerous distance from us, and we were two miles from the fire when it ceased; but large cinders, which fired houses many blocks from the fire, were falling all over the city, making no house a safe refuge.

On account of our large lot we have a kitchen erected in our back yard, and are free from the dust and annoyance so common to those who cook on the streets.

I had many "castles in Spain" before this fire. I was polishing up my French and German, and was rapidly acquiring Spanish. I attended every German theatre, and took advantage of every opportunity to speak the language. I took two Spanish lessons a week, and spoke Spanish with my coachman and dined with a Spanish doctor four times a week. I dined with a French professor twice a week, attended French plays, and was rapidly perfecting my French.

I put a price of one hundred thousand dollars on some property the day before the fire—I will wait many moons for that price now. I had planned a trip East in September, one to Mexico in December and one to Europe next year. I intended to acquire Italian before sailing. But when the smoke of the fire had been lifted by the wind from the ruins of this dear beloved city of mine my "castles" were no longer to be seen. In fact, none of my fellow citizens will see their "castles in Spain" for many long, weary months or years.

There is a silver lining in every dark cloud. The flames wiped out all of the disordered, low and disreputable holes and saloons. The sailor saloons, dance halls and all buildings of that class are gone, and the tenderloin mourns its own death. Blocks of old, squalid houses occupied by the poor and criminal classes are gone never to be rebuilt.,

We have frequent nagging little quakes of the earth that startle nervous people. In driving along the streets I frequently see people rush from the houses and look up at them; in other seasons I would look up myself expecting to see a balloon, but although the symptoms are the same the disease is entirely different.

If you see a San Franciscan weep these times only one thing can cause it, and that is when they read expressions of sympathy from other cities and States. They are weak in some things, and a sympathetic response from the outside world always brings tears. A braver people never lived nor a more grateful nor a more generous one.

The demon fire has followed me since my infancy. At two years of age we were burned out—nothing saved. At 10 years of age, a beautiful home in San Jose was burned—nothing saved. When I was in Europe all of our furniture, etc., which was in our country home at Paraiso Springs, was burned—nothing saved. This fire makes the fourth. About one every ten years, as I was forty yesterday.

Dr. Ward, our Dean, has done wonders for the health of the city by a very strenuous existence for many days. He has brought great praise and credit on himself in particular, and our school in general. I had a complete line of the old homœopathic authors, as Lilienthal, Raue, Guernsey, etc. If you know of anyone wanting to sell any of the homœopathic classics, and particularly Hering's Guiding Symptoms, kindly advise me.

With kindest regards.

Edgar D. Bryant.

1944 Filmore Street.

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Letter From New Orleans.

New Orleans, La., April 28, 1906.

Editor Medical Century:

I was much interested in Dr. Stout's Florida letter, and am in hearty accord with him in going after those in high places. If the exhibition of Cook County Hospital prescribing, as recently published in one of our journals, is the kind of Homœopathy taught in homœopathic colleges and hospitals, why send students to a homœopathic college?

I want to emphasize the invitation extended by our State association, and call attention to the fact that Florida is not the only State that needs more good homœopathic physicians. There are many good locations in cities and towns throughout Louisiana that are unoccupied; as instances, Baton Rouge, Shreveport, and New Orleans herself is a good field for at least half a dozen, and more than all else, we need a good surgeon here. Every applicant can be assured that our homœopathic board will give him or her a square deal. But while our numbers are few we are not asleep. As noted in a former communication, a clinic committee was appointed at the annual meeting of our State association to investigate and report as to the advisability of establishing a free clinic for the benefit of the poor, as well as a means of disseminating a knowledge of homœopathic medicine. April 24th a called meeting of the State Society was held to hear the report of the committee, which was unanimously in favor of such an organization, and, in addition, they had secured an option on a place for that purpose. The society adopted the report of the committee, after which it adjourned, and the members present formed an organization known as the Homœopathic Hospital and Dispensary Association, with Dr. C. R. Mayer as temporary president and Edward Harper as temporary secretary-treasurer, and they were authorized to lease the building recommended by the clinic committee.

The above officers were elected temporarily to get the organization under way, it being the purpose later to form an organization under the same name composed of lay members and physicians, and then to elect new officers. New Orleans has for many years needed some public institution representing our school, and it is our hope that this start will end in the erection of a homœopathic hospital.

Edward Harper, M. D.,
830 Canal Street.

Societies.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

The postponed meeting of the Hahnemann Medical Association of Louisiana met in New Orleans in annual session, April 10th, President C. R. Mayer, M. D., presiding. A review of the work of the year showed much progres along all lines. Resolutions of regret and sympathy were passed on the untimely death of Dr. W. D. Norwood, of Shreveport, who was a member of this association and State Board of Medical Examiners.

Names of physicians were selected from which the governor is to select five medical examiners for the State board.

The Association decided to hold meetings quarterly. Drs. C. R. Mayer, R. A. Bayley and John T. Crebbin were elected delegates to the Institute of Homœopathy, and Drs. C. R. Mayer, E. Harper and J. W. Belden were elected delegates to the Southern Homœopathic Medical Association.

Mr. A. C. Freitag read an article on "Homœopathic Pharmacy." The paper showed much thought and study.

The following officers were re-elected to serve the ensuing year:

President, Dr. C. R. Mayer,, New Orleans.
Vice-President, Dr. R. A. Bayley, New Orleans.
Secretary, Dr. J. T. Crebbin, New Orleans.
Treasurer, Dr. R. D. Voorhies, Lafayette.

The president appointed Dr. E. Harper as the committee on publication and medical transactions. Drs. J. T. Crebbin, E. Harper and J. W. Belden were appointed on the clinic committee.

By vote, the Association invited reputable graduates of our school to locate in Louisiana, and promises a hearty welcome, with the assurance they will do as well here as in other places in the country. We have but few representatives of our school in the State; there being a large number of prosperous towns without any.

It may be of interest to prospective physicians to know we have our own board of medical examiners, which is separate and distinct from the other board.

We invite those who are interested to correspond with the Secretary, Dr. John T. Crebbin, 157 Baronne street, New Orleans, La.

Edward Harper, M. D.,
830 Canal Street.

MICHIGAN STATE HOMŒOPATHIC SOCIETY.

With an attendance that filled the banquet hall of the Pantlind hotel, the thirty-seventh annual meeting of the Homœoœpathic Medical Society of the State of Michigan opened on Tuesday, May 15th, at Grand Rapids. The society was called to order by the President, Dr. W. E. Clark, of Three Rivers.

After the usual invocation, Dr. M. C. Sinclair gave an address of welcome, to which Dr. R. S. Copeland, of Ann Arbor, made response. President W. E. Clark, of Three Rivers, called Dr. W. M. Bailey, of Detroit, to the chair, while the president's annual address was read. The address was referred to a committee consisting of Drs. Copeland, McLachlan and J. H. Ball. General Secretary Ball's address was also read and referred to a committee. Drs. Grant Long and Smith. The treasurer's report by Dr. R. M. Richards, of Detroit, was referred to the auditing committee.

In his address the president gave a brief review of the history of the homœopathic school in Michigan, naming as its founder Dr. Ellis, who in 1843 arrived in Grand Rapids. Although of the allo-

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pathic school he took up the practice of Homœopathy, and became its founder in Michigan. He spoke of the growth and early struggles of the exponents of this school, and the establishment of two chairs in the university.

Dr. Clark predicted that the schools would be united in time, but he was not prepared to say upon what grounds, nor announce what standard. "But this," he said, "does not mean homœopathic annihilation. As far as we are concerned, there is not the slightest amalgamation with any other medical body. We are on a par with other physicians and have legal recognition by the State and Nation."

After speaking of the plan of Dr. DeWitt G. Wilcox, of Buffalo, to establish a conference between a body of the best representatives of the two schools, he said: "It seems to me that we can well afford to put Homœopathy on trial before a tribunal of scientific minds. even though one-half of that tribunal has a preconceived prejudice. It would, at least, demonstrate to the public that we have the strength of our convictions."

The resignation of Dr. J. H. Ball, of Bay City, as secretary, was presented to take effect at the close of the meeting, and was accepted by the society. The rest of the afternoon was taken up with bureau work, beginning with the bureau of registration and statistics, for which Dr. M. C. Sinclair, the chairman, made a report. The bureau of materia medica postponed its report and discussion until next morning, and the society proceeded with the work of the bureau of obstetrics. The chairman, Dr. Mary Thompson Stevens, presided. Dr. Mary A. Willard, of Detroit, read a paper on 'The Infant's Natural Food and the Duties of Mothers and Physicians in Relation Thereto," which was discussed by Drs. Reynolds, Henderschott, Hinman, Orleman and Cobb, and Dr. Orleman followed with a paper on "Science and Nature in Obstetrics," which was discussed by Drs. Spinney, Henderschott and Stevens. The bureau closed with a paper by its chairman on "The Skin During Pregnancy."

In the bureau of pædology a paper was read by Dr. Joseph Pettee Cobb, of Chicago, on "The Hyperæsthetic American Child; Is He an Abnormal Production?" Drs. Halbert, of Chicago; Smith, Copeland and Long took part in the discussion on it. "A Few Thoughts on an Acid Baby," by Dr. Harley N. Baker, of this city, brought the afternoon's proceedings to a close.

In the evening Dr Royal S Copeland, of Ann Arbor, gave an illustrated stereopticon lecture at the Ladies' Literary Club before a large audience, his subject being "The Institutional Treatment of Tuberculosis." This was followed by a reception to the visiting physicians and their friends.

In the morning of the second day a resolution was presented by Dr. Copeland expressing the appreciation of the society for the faithful and valuable work done by the secretary, Dr. J. H. Ball, of Bay City, whose resignation was presented yesterday.

A resolution was also presented by Dr. Copeland regarding the misfortune of Dr. Hugo R. Arndt, a former member of the society, who lost all his possessions in the San Francisco disaster, recommending that the society send him $100 as a slight testimonial of friendship and regard. The resolutions were adopted.

The report of committee on secretary's report was presented by Dr. Grant, of Albion. It was recommended to appoint a committee of three composed of the president, the chairman and the retiring secretary to make suitable arrangement with some medical journal, especially one whose circulation is largely devoted to the best interests of Homœopathy in Michigan, for the publication and distribution of the papers and discussions of the society, and to report at the next annual meeting. The report was adopted.

Officers were elected as follows:

President, Dr. Harold Wilson, Detroit.

Vice-President, Dr. S. H. Knight, Detroit.

Second Vice-President, Dr. O. L. Ramsdell, Petoskey.

General Secretary, Dr. D. W. Myers, Grand Rapids.

Corresponding Secretary, Dr. J. H. Ball, Bay City.

Treasurer, Dr. R. M. Richards, Detroit.

Necrologist, Dr. William Bailey, Detroit.

Board of Control, Dr. O. R. Long, Ionia.

Bureau chairmen as follows:

Registration and Statistics, Dr. W. E. Clark, Three Rivers.

Sanitary Science, Dr. Malcolm C. Sinclair, Grand Rapids.

Materia Medica, Dr. W. A. Dewey, Ann Arbor.

Obstetrics, Dr Pauline R. Wilson, Tecumseh.

Pædology, Dr. Lizzie Henderschott, Hastings.

Mental and Nervous Diseases, Dr. Bret Nottingham, Lansing.

Surgery, Dr. Frank G. Kelley, Detroit.

Gynæcology, Dr. J. D. Crum, Owosso.

Pathology, Dr. Bruce Anderson, Detroit.

Anatomy and Physiology, Dr. C. A. Burrett, Ann Arbor.

The remaining hours of the session were devoted to the reading and discussion of scientific papers, of which there were many in every department of medicine.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The fifty-first annual meeting of the Illinois Homœopathic Medical Association was held in the Masonic Temple at Chicago, May 8, 9, 10 and 11. The meetings were better attended than ever before, and the members, almost without exception, attended every session.

On the opening morning a business session was held and matters of especial interest came up for endorsement of the action of the State Society's consideration. One of the most important was the executive committee in making the Clinique the official publication of the organization. For many years this had been considered, but it was only this year that arrangements had been completed. The journal, while still the property of Hahnemann Medical College will publish all the transactions of the society and all of the State news. A committee was also appointed to visit the State meetings of the homœopathic physicians in Iowa, Wisconsin and

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Indiana, and to invite them to join with the Illinois Association in the publishing of the journal, they to receive the same privilege as the society now publishing it.

The report of the committee upon a tubercular tent colony showed the advantage of that method of the treatment of tuberculosis. A board of directors was appointed to take up that work and organize a colony where patients would be under the care of homœopathic physicians. The society while giving their approval and while instructing these men to use their best judgment as to the management of the colony did not assume any financial responsibility.

The address of President Aurand was a very excellent one. He called attention to the dangers of factions arising in our own ranks, and urged all to work in harmony, and suggested that in place of a few organizing other societies, that they come to the meetings of the old society and there prove the truth of Homœopathy as they have learned it from their experience. He also called attention to the crusade against the patent medicines and quack doctors by different publications.

A committee was appointed to solicit funds for the homœopathic physicians in San Francisco who had lost all of their drugs, instruments and books. This committee later reported to the society that so many subscriptions had been taken that it was impossible to raise any money in that way, and recommended that a sum be appropriated from the society's treasury. The report of the committee was adopted, and $100 was ordered sent by the treasurer to the physicians in the stricken city.

The papers read were of unusual merit, and there were many interesting and instructive discussions.

On Thursday afternoon a surgical clinic was held in the amphitheatre of the Hahnemann Medical College. Luncheon was served at one o'clock to all members of the society by the faculty of the college.

On Thursday night the annual banquet given by the physicians of Cook county to their visiting brothers was held at the Auditorium. Between one and two hundred doctors attended it

The officers for the coming year are: J. B. Downs, Ottawa, President; Nancy E. Hanks, Chicago, First Vice-President; A. E Smith, Freeport, Second Vice-President; Burton Haseltine, Chicago, Secretary; T. E. Costain, Chicago, Provisional Secretary; E. C. Sweet, Chicago, Treasurer.

The drill hall was used for the exhibition of the various firms. Among those exhibiting were Denver Chemical Co., Fougera & Co., Welch Grape Juice Co., Boericke & Tafel P H. Mallen & Co., Kress, Owen & Co., Mellin's Food Co., and Borden's Malted Milk Co.

BOOK REVIEWS.

International Clinics.

Vol. IV. Ffteenth series. J. B. Lippencott Co., Philadelphia, 1906.

Another volume of this well-known series containing an unusually fine selection of articles.

A Reference Handbook of the Diseases of Children.

For Students and Practitioners. By Prof. Ferdinand Fruhwald, of Vienna. Edited, with additions, by Thompson S. Westcott, M. D., Associate Professor of Diseases of Children in the University of Pennsylvania. Octavo volume of 553 pages, with 176 illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.50, net; half morocco, $5.50, net.

To those of the medical profession who are acquainted with Professor Fruhwald's work in the original German, it is hardly necessary to speak of the extremely valuable service the W. B. Saunders Company has performed in presenting this English translation. It must be said, however, that the translation possesses an advantage over the original—though it be the work of a leader amongst leaders in pædiatric knowledge—in that the editor, Dr. Westcott, has incorporated much valuable matter, the results of his own valuable experience. With a view to making it of special service as a practical reference book, the individual diseases have been arranged alphabetically with numerius cross-references. This is a novel feature of untold value to the busy practitioner who wishes information quickly. Special consideration has been given to symptomatology, and the prophylactic, therapeutic, and dietetic treatments have been elaborately discussed; especially is therapy treated according to the latest discoveries. The illustrations are practical and therefore excellent, nearly all being reproductions of original photographs and drawings representing cases from Professor Fruhwald's own clinic. Indeed, we can forsee for this work the same great success in this country that it has achieved in Germany.

A Manual and Atlas of Dissection.

By Simon Menno Yutzy, University of Michigan, with introduction by Dr. J. Playfair McMurrich. Philadelphia, Pa.: P. Blakiston's Son & Co., 1906.

This is a topographical index of the human body containing fine illustrations of dissections and lists of the structures to be sought for. It is divided into demonstrations or regions to be dissected out. It is certainly a handy and useful book for the student of anatomy. We think dissections of the brain and spinal cord might have been added without impairing the handiness of the volume.

American Homœopathic Pharmacopœia.

Boericke & Tafel, 1906.

This is the eighth edition of this well-known and authoritative work. Twenty-four new remedies have been added to this edition in addition to the thirty-two added to the 7th. The vitality of this book seems to be wonderful. It has had the largest sale of any pharmacopœia of our school ever published, and the sale steadily goes on. In fact, we have always regarded it as the great authority on the preparation of drugs in our school.

A Compend of Obstetrics.

By Drs. Landlis and Wells. Eighth edition, illustrated. P. Blakiston's Son & Co.

Another edition of this popular quiz compend brought up to date in every way. New material in the shape of tables of obstetrics constants has been added.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
New York Office, 9 E. 42d St. Chicago Office, 451 E. 42d St.

Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

JUNE 1, 1906.

Editorial.

THE SAN FRANCISCO DISASTER.

We present in this issue letters from some of our confreres of the unfortunate city, which detail the trying days of the disaster, and which will give a rough idea of the plight which our brothers of that city find themselves. There was hardly a single physician of our school who did not suffer some loss, and many of them lost all. Not only have they lost offices, residences, medical and surgical supplies, books, but what is more serious, they have lost their practices and means of support for many months to come. Thousands of their patrons have left the city only to return when it shall be rebuilded, some of them never. During the days of the disaster our members worked incessantly and gratuitously to relieve distress and suffering. That such a condition deserves and is meeting with the sympathy and support of our profession throughout the country is most gratifying. As is well known, President Green immediately issued a circular urging the members of the American Institute to contribute to a relief fund, and appointed Dr. James C. Wood to take charge of the same, and we are informed that a hearty response is being made. The cities of Boston, New York, Philadelphia and Washington have organized relief movements, and have collected substantial sums and have forwarded them to San Francisco. Several of our State societies have either appropriated funds or collected them by voluntary subscriptions which will aid to swell the amount. Other societies have forwarded medicines and books. An appeal also has been sent out by the "Meissen of California" through the secretary, Dr. Eleanor F. Martin, of Oakland, and we trust more will be secured from this source. We have from 75 to 100 homœopathic physicians in San Francisco and other suffering towns, and there seems to us to be no reason why the offerings of our physicians in the East should not materially lessen the hardships of our unfortunate comrades. Surely any physican this side of the Rockies, who, in the past, has had the good fortune to visit and be entertained by our San Francisco confreres, will not hesitate a moment to give all possible to the good cause of assiting our royal entertainers of bygone days.

We make an appeal to those who are members of no special society or of the Institute; in other words, to the dominating majority of our physicians throughout the country. Send all such subscriptions to Dr. J. C. Wood, Rose building, Cleveland, and it will reach the needy ones promptly. It is to be especially remembered that while the appeals sent out have emphasized the fact that aid should be rendered at once and promptly, that the unfortunate condition of our brothers of San Francisco is one that is to continue for three or four months at least, and aid sent in at any time will be of great service.

Our institutions in the city suffered somewhat from the force of the earthquake. It was rumored that the new Hahnemann Hospital, just opened on April 10th, was a mass of ruins. We are glad to state that this is not quite so bad as that. The walls of the building were injured, but it is far from being in ruins; a few thousand dollars would place it in good condition, and we, for one, would vote to start another subscription to aid in the rehabilitation of this magnificent monument to Homœopathy on the Pacific Coast. The hospital was not in the burned district, nor was the college, and we learn with pleasure and with admiration of the pluck of our colleagues that lectures have been resumed. Nearly all of our physicians have opened offices in the district of the city left standing, some have gone to Oakland and other of the bay cities whither their patrons have fled. For specific information we refer to the letters mentioned above, where it will be seen that there is no such thing as discouragement, and that the spirit of '49 and the spring of '50 still prevails.

EDITORIAL BREVITIES.

Blessed Are the Righteous.

The crusade of the Journal of the American Medical Association against the advertising of certain proprietary articles and patent medicines, while on its surface seems guided by some principle of high medical ethics, has its ridiculous side. There seems to be a special venom poured out against the coal tar derivatives as being medicines that are especially dangerous. It has been conclusively shown, however, that only four cases of evil effects from over-dosing with the coal tar preparations are to be found on record. What of Quinine? It has caused

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more deaths, than almost any other substance used in medicine. What of Opium? Look at our sanatoria for drug habitués, at the untold misery caused by it. Both Quinine and Opium as prescribed by our old school confreres every day are far more dangerous poisons than any of the coal tar derivatives.

It is rather amusing to a Homœopath to read the tirades in the Journal of the American Medical Association against certain well known and tried preparations, and yet find on the advertising pages such substances as Trophonine, Veronal Pollantin, Guacolonic, Somatose, Thiocol, etc., of which no one knows the composition, even were these preparations of constant strength.

It is laboring hard to bring morth a mole hill. The same journal of the A. M. A. and the members of the Association sneer at the infinitesimals of the homœopathic schools, and yet the major part of their occupation seems to be searching for objects so infinitesimal that it takes a one-twelfth oil immersion objective to see them.

Editor's Table.

GENERAL NOTES.

Dr. Carl W. Sawyer has associated himself with his father, Dr. C. E. Sawyer, of Marion, Ohio, in the regular sanatorium work. In addition thereto special attention will be given to general medical and surgical consultations, bacteriological, pathological and analytical examinations. Everyone knows Sawyer Senior, and those of us who know Sawyer Junior know that he is a worthy scion of an illustrious father.

The Miami Valley Homœopathic Medical Society held a most successful meeting in Dayton on April 26th. The papers as usual with this society were of a high order.

The Southern Homœopathic Medical Association, which is to meet in Louisville, Ky., next October, is preparing for a big meeting, and with the force in command the promise is sure to be fulfilled.

The New Jersey Homœopathic Medical Society met in Trenton, May 1st. The meeting was a good one in every respect.

Dr. C. E. Fisher, of the Tidewater Hospital, East Radford, Va., has sent us papers showing the extensive good work that is being done in that institution. It is attracting the notice of large contractors all over the country.

Dr. B. Kranz, a homœopathic physician in Homburg, has issued a tasty little booklet, entitled "Bad Homburg und seine Quellen," which describes that resort and its springs.

Dr. William A. Humphrey, of Toledo, has removed his office to the Nicholas, suite 411.

Dr. A. T. Bodle, of Bellaire, Michigan, is one of the successful physicians of that State. A sketch of his life and work recently appeared in the Bellaire Independent.

Dr. H. A. Mumaw, of Elkhart, Ind., has issued a homœopathic annual for 1906, containing a directory of homœopathic physicians in Indiana.

Dr. W. N. Fowler, of Bluffton, Indiana, was the recipient of a banquet given recently in his honor in that town.

The Homœopathic Medical Club of Utica, N. Y., gave a dinner on the evening of April 30th to General and Mrs. M. O. Terry, and at the conclusion of the feast presented Dr. Terry a handsome silver loving cup, the presentation speech being made by Dr. William H. Watson. The occasion was a most pleasant one, many guests of honor being present. Dr. Terry's response to the presentation was a happy one. Among other things, he spoke of the importance of maintaining the homœopathic standard at all times; he did not believe the time had come for amalgamation, and should stand for the principles of Homœopathy always.

Commencement exercises of the Missouri Homœopathic College were held on April 18th; a small class was graduated, not nearly enough to fill the vacancies in Missouri occasioned by death in the past year. There are golden opportunities awaiting the student of Homœopathy in Missouri.

The recent circular put forth by the regents of the State of New York shows that but seven out of our eighteen colleges are "registered" before that honorable board. Fully as great a proportion of allopathic colleges in the country are unregistered. It isn't a question of college fitness at all, simply czarism.

The training school connected with Dr. DeWitt G. Wilcox's private hospital, Buffalo, N. Y., held its graduating exercises on May 17th.

Dr. Carleton A. Harkness has opened an office in suite No. 735, Marshall Field building, Chicago, for the practice of diseases of the eye and ear. The doctor was formerly associated with Dr. E. J. George.

Dr. A. B. Norton announces that he will leave the city on June 6th for a tour around the world to return October 20th. Dr. William McLean, who has been associated with Dr. Norton for the last two years, will be in his office daily during his absence.

Dr. J. B. Keaster, formerly of Creston, Iowa, goes to Roswell, New Mexico, to establish a homœopathic sanatorium and tent city for the treatment of tuberculosis and other lung diseases.

In the list of physicians suffering losses or not sent to the Journal of the American Medical Association from San Francisco not one homœopathic physician's name appeared. Yet the Chicago Medical Society is willing to accept homœopathic contributions.

Lectures were resumed in the Hahnemann Medical College of the Pacific on Monday, May 7th. It takes more than earthquakes and fire to demolish Homœopathy on the Pacific Coast.

The Meissen of California, through Dr. Eleanor F. Martin, have issued an appeal for contributions for the benefit of any destitute homœopathic physicians of San Francisco. The doctor's address is Oakland, Cal.

Dr. George H. Martin, late of the Wenban, San Francisco, announces the opening of an office in the

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Delger building, Broadway and 14th streets, Oakland, Cal.

Dr. C. B. Currier, formerly of 921 Geary street, escaped with his clothes on, and that is all that was saved from his fine residence and office. He, however, smiles at misfortune, and has opened an office at 2084 O'Farrell street, and invites his friends tc visit him. We will add that anyone who does so will be assured of a hearty San Francisco welcome.

The Pittsburg County Homœopathic Society has forwarded a stock of medicines and supplies to our San Francisco brethren.

The Detroit Homœopathic College held its graduating exercises on May 7th. There were fifteen graduates. A day of clinics at Grace Hospital preceded the exercises, which was largely attended. Dr. L. C. Wendt was chairman of the clinical committee of the alumni association.

Dr. D. D. Stevens, of 49 West 83d street, wishes to announce that he will be out of town from June 1st to October 1st. During this period patients are referred to Dr. Thomas, 243 West 99th street.

Dr. James W. Ward, the efficient president of the San Francisco Board of Health, has received universal and merited praise for his good work during the trying days of the great disaster. Through his energy and alertness no epidemic occurred. He will have charge of the distribution of the funds sent to our physicians, and every one who contributes may rest assured that this matter is in safe hands.

We are glad to chronicle the return of Dr. George Taylor Stewart to the superintendency of the Metropolitan Hospital of New York.

Dr. Horace P. Holmes has removed to Sheridan, Wyoming, a city of 6000. The doctor is the first homœopathic physician to locate in the town, and it is needless to state that he is one of the kind that will do Homœopathy credit. We shall be glad tc accept the doctor's kind invitation to visit him some not far distant day.

Dr. Claude A. Burrett, director of the University of Michigan homœopathic pathogenetic laboratories, announces that he is prepared to make pathological, bacteriological and blood examinations. Address, Ann Arbor, Mich.

The commencement exercises of the Denver Homœopathic College were held on May 10th. The number of graduates was five.

The Ohio State Society elected the following officers for 1907: President, Dr. L. K. Maxwell, of Toledo; First Vice-President, Dr. J. B. McBride, of Zanesville; Second Vice-President, Dr. Alice Butler, of Cleveland; Secretary. Dr. H. F. Staples, of Cleveland; Treasurer, Dr. T. T. Church, of Salem. Place of next meeting, Cincinnati, O.

Dr. Charles Gatchell, for several yeras secretary of the American Institute of Homœopathy has requested President Green to appoint some one to serve in his stead, as business interests necessitate that he relinquish the secretaryship temporarily. As important matters requiring the attention of the secretary are of a pressing nature. President Green has appointed Dr. J. Richey Horner, of Cleveland, to act in his place.

The Minnesota State Homœopathic Institute met in Minneapolis under the presidency of Dr. Thomas W. Ashley, of River Falls, Minn., on May 15th, 16th and 17th. It was a good meeting.

The Kentucky State Homœopathic Society met at Lexington on May 15th and 16th.

The Missouri Institute, which met in the magnificent hotel Jefferson at St. Louis, which, by the way, is the finest hotel of the West without exception, was well attended. President Forster presided with his usual grave and dignity. Physicians were in attendance from several other States, and though our call was short, we enjoyed meeting our St. Louis confreres. Next meeting will be in Kansas City.

Dr. W. W. Osgood, formerly of Spring Hill, Alabama, is now located in Mobile.

The alumni exercises and commencement of the New York Homœopathic College went off with unusual eclat. Further particulars later.

The Duluth, South Shore and Atlantic Railway which connects with the New York Central lines at St. Ignace in the upper peninsula of Michigan, reaches the entire Lake Superior country, the Soo, pictured rocks and the ideal summer resorts of that region. Hay fever is unknown.

WASHINGTON NOTES.

BY HOMER I. SILVERS, M. D., WASHINGTON, D. C.

Dr. A. B. Norton, of New York, recently made a trip to this city, and while here was the guest of Dr. Wm. R. King.

A number of the doctors of Washington who are graduates of Hahnemann, Philadelphia, are looking forward to commencement day, when they will make a visit to their Alma Mater, and attend the alumni banquet.

During the active work on the tuberculosis problem there was appointed a committee of five from the homœopathic society to meet a like number from the allopathic society. The conference was productive of much good, the members of the joint committee agreeing upon a bill to be presented to Congress. This bill contained the main points as put forth by the homœopathic society. They also gave the "Osteopathic Licensing Bill," now before Congress, consideration, and suggestions as to dealing with it were made.

This summer Dr. T. L. Macdonald will spend abroad, sailing the last of June. While over there the doctor will make a tour of the more important hospitals.

Dr. J. B. Gregg Custis, Dr. Wm. Rufus King and Dr. T. L. Macdonald will go to New York to attend the annual banquet of the New York Homœopathic College Alumni.

At the last meeting of the Washington Homœopathic Medical Society Dr. Wm. Rufus King spoke of the medical legislation now before Congress.

The Tuberculosis Bill is before the Congressional Committee, but is not likely to come before Congress this session. The homœopathic and allopathic physicians have agreed on the wording of a

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bill, and the Anti-Tuberculosis Society of the District who have been pushing a drastic bill have now practically agreed to the bill as given by the physicians of this city. There is considerable sentiment in this city against the passage of any bill.

There is a great effort being made by the osteopaths to have a bill passed before Congress giving them the license to practice, the privileges of a physician and the right to sign death certificates.

The bill specifies that they are to be examined on all medical subjects, materia medica and therapeutics included, but entirely by a board composed of osteopaths.

The bill incorporating the Institute of Drug Provings is now before Congress, and will in all probability pass this session.

The medical topic of the evening was "Puerperal Sepsis," and the discussion was opened by Dr. T. L Macdonald.

General discussion by the members present brought fourth a number of new facts and reinforced many old ones.

The society adjourned this meeting to meet again in the autumn, closing the work of a very successful and enjoyable winter.

The homœopathic physicians of this city have taken a deep interest in the welfare of the stricken Homœopaths of San Francisco, raising about three hundred dollars among themselves.

OBITUARY.

Dr. J. B. Hunt.

In the death from pneumonia of John Bingham Hunt, M. D., at Westerville, Ohio, March 20, 1906 there passed one of the noblest of our profession. Dr. Hunt was born at McConnellsville, Ohio, June 24, 1829, and almost completed his seventy-seventh year. Deprived of collegiate training, his education acquired at the public schools was rounded out and completed in the school of experience. By dint of ceaseless application and the exercise of his reasoning powers his judgment was well founded and his opinions once formed were remarkably sound. He was a physician born as well as made. He had the yearning to be a phyiscian from his boyhood, and possessed the intuition and tact to minister to the sick in such manner as to soothe, comfort and heal, and thus to command confidence and love. Like Luke, who followed the great Master, he was the beloved physician to all who were privileged to receive his ministrations. He was a man of many friends and was admired, respected and honored by all who knew him.

His first profesisonal acquirement was a knowledge of electro-therapeutics far in advance of his time—1858—and the cures he made with a Kidder battery and a one-plate static machine, turned by hand, were truly remarkable, would be remarkable even at this time. He recognized, however that the electric remedy so wonderously powerful was but one of many curative forces in the great materia medica, and that the well equipped physician must be able to command the entire range of force-restoring agencies if he would attain full stature and have an all-embracing view. Accordingly he pursued the study of medicine—entered the Cleveland Homœopathic Hospital College and graduated therefrom in the early sixties. His first practice was at Wellington, Ohio; then at Columbus, Ohio, and, finally, at Indianapolis, Indiana where for many years he was in co-partnership with his pupil, Dr. O. S. Runnels, having a large practice. During the years spent at the latter place he was the victim of a runaway accident, which so shattered his nervous system as to finally enforce retirement from practice. He spent his last years in the beautiful college town of Westerville, practicing and writing and lecturing as opportunity offered.

He was a devoted Christian, an elder in the Presbyterian church for more than fifty years, and a staunch defender of the faith of the Fathers. He wrote a book in defense of the earlier interpretation of the Scriptures, entitled "Genesis and Geology," which was very greatly prized.

He left a widow and four sons, all of the latter being professional men, viz.: Dr. Maurice P. Hunt, surgeon, Columbus, Ohio; Dr. William Hunt, Greenup, Kentucky; Dr. John Hunt, Santa Monica, California, and Dr. Harry Hunt, Newark, Ohio He approached the transition called death with serenity and confidence, and went into the Beyond with no shadow of doubt about the continuation of his life—the life everlasting—and thus he joined the innumerable throng who have preceded.

"More homelike seems the vast unknown
Since they have entered there,
To follow them were not so hard
Wherever they may fare.

"They cannot be where God is not,
On any sea or shore;
Thanks be to God that such have been,
Although they are no more."

O. S. Runnels.

Dr. T. Park Lewis,

Waterville, N. Y. New York Homœopathic College, 1899.

Dr. J. U. Woods,

New Haven, Conn. Hahnemann Medical College, Philadelphia, 1868.

Dr. Caroline M. Nieman,

Chicago, Ill. Hering Medical College, 1900.

Dr. J. G. Porter,

Clinton, Ill. Chicago Homœopathic Medical College, 1899.

Dr. C. E. Hauver,

Greenville, O. Graduate of Cleveland Homœopathic Medical College.

Dr. Kent B. Waite

Died in Cleveland, Ohio, on March 29th. He was a graduate of the Cleveland Homœopathic Hospital College, class of 1888, and subsequently professor in that institution.

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Dr. William M. Keaney,
De Soto, Mo. Homœopathic Medical College of Missouri, 1887.

Dr. D. W. Bartine,
Philadelphia, Pa. Hahnemann Medical College, Philadelphia, 1871.

Dr. W. A. G. Pierce,
Philadelphia, Pa. Hahnemann Medical College, Philadelphia, 1869.

Dr. C. M. Weaver.
Taneytown, Md., May 9th. Hahnemann Medical College, Philadelphia, 1884.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

The thirty-seventh annual meeting of the Hahnemann Medical Association of Iowa was held at Des Moines, May 9th and 10th.

The meeting was notable in two respects:

First, because of the interest shown in the College of Homœopathic Medicine of S. U. I., not only by the alumni, but by others.

The fact that the successor of Prof. J. G. Gilchrist was to be considered brought to the meeting over one hundred men and women, one-half of whom were alumni.

While there was a strong feeling for favorites for the position, yet the feeling that the best interests of the college demanded the first consideration was still strongest.

President George E. MacLean, of the S. U. I., was present, and assured the alumni that the regents were desirous of only one result, viz, to secure the strongest available surgeon for the chair.

The president assured them that the college was a part of the great university, and that the only condition which could possibly result in its discontinuance was lack of support by the homœopathists of the State.

The cheer which greeted the president's next statement, "And looking into your faces to-night, I know that the condition will be met," proved that every member of the Association is a friend of the college.

At a meeting of the alumni of the late Chicago Homœopathic Medical College a resolution was passed pledging their support to the Iowa College.

The same was done by the alumni of the College of Homœopathic Medicine of Michigan.

The State Association has always been the mainstay of the college.

Its advisory committee, whose duty it is to keep both college and association informed as to the needs of the other, is the most important committee of the Association.

The statement that for the past two years the college had made substantial gains in numbers was received with applause.

The papers and their discussions were of more than ordinary interest.

Many clinical cases were utilized to illustrate the papers and discussions.

Two days were found to be too short a time to finish the work properly.

Dr. B. F. Bailey, of Lincoln, Nebraska, dropped in and enthused the members with the hopes of the Committee on Drug Proving.

The election of officers, which for the past ten years, has been made by acclamation under suspension of the rules, took about fifteen minutes, and resulted as follows:

President, W. L. Bywater, Iowa City.
Vice-President, C. A. Aplin, Ames.
Secretary, Wm. Woodburn, Des Moines.
Treasurer, R. W. Homan, Webster City.
Necrologist, C. W. Eaton, Des Moines.

Advisory Committee.

A. P. Hanchett, Council Bluffs; H. M. Humphrey, Lake City; F. Becker, Clermont; C. N. Morford, Toledo; E. E. Richardson, Webster City.

Legislative Committee.

George Royal, Des Moines; C. H. Coggeswell, Cedar Rapids; F. Becker, Clermont; A. P. Hanchett, Council Bluffs; A. M. Linn, Des Moines.

The meeting next year will be at Iowa City.

THE SEVENTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

Preliminary Announcement.

At a joint meeting of the Executive Committee of the American Institute of Homœopathy and the Institute's special committee on the International Congress held in New York, January 31st and February 1st, it was voted to hold the Congress in Atlantic City, New Jersey, during the week of September beginning the 10th and ending on the 15th. The Institute will hold its busines sessions daily and independently, but will merge its scientific sessions with those of the Congress. In accordance with this plan the Institute will hold its opening meeting on Monday afternoon, September 10th, at two o'clock, when the preliminary business will be transacted, the memorial exercises held and the usual reports received. Thereafter the Institute will hold its business sessions from nine to ten o'clock daily until adjournment.

The Congress will be called to order for organization and preliminary work at four-thirty o'clock Monday afternoon, September 10th. On Monday evening the formal opening of the Congress will take place, when it is expected that various addresses of a semi-popular nature will be made, and to which the public will be invited. On the following days of the week the Congress will have the hours from ten until one o'clock. The Congress will also hold afternoon and evening sessions during the week as required. It is expected that the affiliated and sectional societies will hold their sessions during the afternoons and evenings of the week, leaving the mornings entirely free for the Congress.

Friday evening has been set apart for social recreation, and for that evening the Congress, Institute and visitors will be the guests of the local committee of arrangements.

The subjects to be discussed by the Congress have been classified under the bureau system of the

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Institute, and the following order was adopted: On Tuesday there will be discussed the Principles and Propagandism of Homœopathy. The subjects for Wednesday's sessions will be connected with Materia Medica, Drug Pathogenesy, Provings, etc. At the Thursday sessions will be considered Clinical Medicine and Pathology. At the Friday sessions will be considered subjects pertaining to Pædiatrics and Sanitary Science. Saturday will be utilized for adjourned meetings and concluding exercises.

At the meeting referred to, it was voted that essays on subjects connected with Surgery, Gynæcology, Obstertics and other specialties be referred to the appropriate sectional societies. By such an arrangement, papers from our foreign colleagues can be assured of an appreciative reception.

All of the sectional societies have not yet been heard from, but we have been assured by some that the general plan above outlined is approved, and it is expected that all of the sectional societies will cooperate with the Institute and the Congress in making the forthcoming meeting at Atlantic City the most successful in the history of Homœopathy.

We have been assured by the local committee of arrangements that if notified in season they will have ample hotel accommodations for a large gathering. On account of the season of the year it will not be possible to arrange for hotel headquarters as is usually the custom. In all probability, however, the headquarters of the Congress, Institute and allied societies will be at the place where the meetings are to be held. The facilities for conventions offered by Atlantic City are unsurpassed, and there will be ample room fo Institute, Congress and sectional societies and committees. There will be no crowding. This world-famous watering place and health resort will be at its best, and the local committee will do their best for the entertainment of their guests.

Committee,

J. H. McClelland, M. D., Pittsburg, Pa., Chairman;
J. B. Gregg Custis, M. D., Washington, D. C.;
H. F. Biggar, M. D., Cleveland, O.;
O. S. Runnels, M. D., Indianapolis, Ind.;
J. P. Sutherland, M. D., 302 Beacon St., Boston, Secretary.

CHOREA—A CASE.

BY M. P. HUNT, M. D., COLUMBUS, O.

[Presented to the Ohio Hom. Med. Soc. at its 42d annual session held at Columbus, May 8th and 9th, 1906.]

Chorea, St. Vitus' dance, is a functional, nervous diesase associated with irregular inco-ordinate movements of the voluntary muscles, and accompanied by mental obtundity, anæmia, and at times cardiac and rheumatic symptoms. It is more frequent in the female—about two to one. Most frequently the onset occurs between the seventh and fourteenth years.

The first symptoms are generally peevishness and irritability with general restlessness, "fidgets." The child soon begins to drop things handled, without any apparent cause. In a typical case, within a week, the movements will begin in the arms, face, tongue and lower extremities. The movements are irregular but never of one type. The peculiar conditions of the face give the child a grotesque appearance, and, with the difficulty of speech and dribbling of saliva, an aspect of dementia.

The movements are so violent at times that the child can neither walk, stand, sit nor lie, and unless restrained may do serious injury to himself. Usually the movements cease during sleep, but in grave, exceptional cases they persist during sleep, which is of short duration and accompanied by frightful dreams.

An attack of chorea will usually subside in from four to six weeks, but severe cases last many weeks and may terminate in death from exhaustion.

The prognosis is usually good in the vast majority of cases. When the heart is involved, either functionally or organically, the outlook is bad on account of the liability to recur, and with each succeeding attack the systemic failure is greater. These patients usually die of organic heart disease. In the milder cases, even though recurrent, the patient usually grows into vigorous health, with nc indications of cardiac trouble in after life.

A Case.

Dr. Helen K. Smith, of Delaware, O., referred the following case to me: A girl, 12 years of age. Father a farmer, and in good health, with a good family history. Mother neurotic, but otherwise well and with a good family record.

The girl was anæmic then, and exhausted looking. She had a marked murmur with mitral regurgitation. The choreic movements were the worst I have ever witnessed, every voluntary muscle in the body was involved, I think. She could neither walk, stand, sit, nor lie down without assistance. When lying on the bed a nurse would have to sit by her constantly, or the contortions would throw her from the bed, even though she were asleep. This condition had persisted for over a year with but slight amelioration for a few weeks at a time, during a removal to a higher altitude; but the present condition had obtained for ten weeks with no rest, exhausting the patient and every one connected with her. Her treatment had been of the best. They had old school treatment for several months, until their list of remedies was exhausted, then a change of climate and homœopathic treatment. After several months more the child's condition was as outlined, and it could not well be worse. Dr. Smith was discouraged, and the parents were discouraged and heart-broken.

Looking for a reflex cause for the trouble, the girl was anæsthetized, and I made an examination of the pelvic organs through the rectum. I found an infantile uterus, not larger than a marrowfat bean. The left ovary was cystic, and about the size of an egg. The right ovary, cystic, and the size of a walnut. These organs were movable, there being no exudate or adhesions. While under the anæsthetic she was quiet—the first in weeks—for, even in her short snatches of sleep, the movements, while not quite so violent, were present.

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I explained the condition to Dr. W. B. Carpenter, who was present. It was decided by us that very likely the symptoms, at least in part, were produced by the diseased condition found, and that a removal of both ovaries and tubes might relieve the symptoms. This decision was given the parents, who fully agreed to the operation. Nothing was promised, only they were to hope for improvement. They were intelligent people and fully understood what it meant to remove both ovaries in the girl.

The next day both ovaries and tubes were removed. They were found as outlined above. The uterus was left. Outcome was very gratifying, for, from the time the girl left the operating table, September 4, 1903, until now, two years and eight months, there has not been an involuntary movement of a voluntary muscle. She sleeps well, eats well, and has gained in flesh. There is no heart murmur. She is full-blooded, having lost the anæmic appearance. Mentally, she is bright as a new dollar and seems in every way a well girl. It is up to you to discuss the right or wrong of the treatment.

FROM MISSOURI.

Pertinent extracts from Dr. W. A. Forster's presidential address before Missouri Institute of Homœopathy.—Medical Forum.

A fruitful theme for deliberation is medical legislation. The desideratum to be accomplished is uniformity of medical law in every State of the Union. I hold to the broad proposition that the right to practice medicine in one State should carry with it the right to practice in every State and territory and in the District of Columbia. The right of the citizen to receive qualified medical service is certainly the same in every part of the country, and the diplomas or licenses should stand for an average qualification.

Uniformity of medical law can only be secured in one of two ways: either by act of Congress, which will involve a constitutional amendment, a most difficult thing to accomplish; or concerted legislation on the part of each State, which will possibly be no easier to secure. The qualified physician desiring to change his location should not be compelled to stand an examination or to pay more than a nominal fee for registration.

Make the standard of education high, but when the physician reaches that standard, he should be exempt from examination by boards who are not likely to be as well fitted to find out what the physician knows as the college faculties. If the Institute wishes to accomplish anything in the way of permanent legislation, it must be through its legislative committee, acting in conjunction with committees of similar organizations.

The great State of New York has a commission to protect child life, and to enforce the laws against child labor. And the Legislature of New York admirably reflects our modern civilization by promptly cutting down the appropriation necessary to make the work of the commission effective.

The factories of the United States are murdering children by the thousands. And those whom they do not kill they turn out stunted, dwarfed and degenerate.

The use of antiseptics can no more take the place of care and clean work in the preparation of foods and the cleansing of food receptacles than cheap perfumery can replace soap.

It would perhaps be a difficult matter to go into court and prove beyond peradventure that a given case of impaired health was due to eating of canned or other food. A case of ptomaine poisoning, however, would be an exception, since the symptoms would point to the cause. It is my judgment that the consumer should have the benefit of the doubt and some laws be passed by the cities, States and national government, and strictly enforced, requiring the packer in all instances to place on the original package a label, setting forth accurately the contents If benzoate of soda, which is most commonly used, is there as a preservative, the purchaser is so informed and knows what he is buying.

The moral effect of this law would be that the package containing straight goods would be selected in preference to any other. This would work a hardship on no man, and adulterations would become unpopular.

I ask in all earnestness if it were possible for any advocate, no matter how ingenious and plausible, to inaugurate a system of medicine which could survive one hundred years of criticism and persecution becoming, as it were, a great power in this free land of ours, were it not founded upon a great truth, rather than upon a mere hypothesis? In spite of the most unjust legislative restrictions which prevail in nearly all foreign countries, Homœopathy has established itself in every civilized community on the face of the globe. Homœopathy is neither dead nor dying, but, on the contrary, is daily gaining in prestige and popularity.

The insignificant little band who first listened to Hahnemann's teachings has increased to tens of thousands, the most intelligent and influential members of every civilized community honor us with their confidence and esteem; we boast of chartered institutions, dispensaries, hospitals and colleges in our own glorious and imperishable republic, the great theme of every beautiful aspiration and genuine truth. We have reared this cradle for Homœopathy, where she reposes like the infant Hercules of old, preparing herself, under the care of guardians who, I trust, will ever be mindful of their sacred office, for the period when, strong, majestic, radiant with the sun-like splendor of a divine truth, she will go forth in the irresistible might of her strength to do battle for the great good of humanity and to combat the mischievous practices of infatuated professors of the healing art until every vestige of destructive therapeutics shall have been wiped out on the face of the globe, and a suffering brother shall no longer be poisoned with gall and wormwood, whereas his parched lips were thirsting for the sweet and life-quickening nectar which every sick man has an inalienable right to expect at the hands of those who profess to be restorers of health.

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Paedology.

THE HYPERÆSTHETIC AMERICAN CHILD—IS HE AN ABNORMAL PRODUCTION?

BY JOSEPH PETTEE COBB, M. D., CHICAGO, ILL.

The phraseology of the title assigned to me in your program differs a little from that which the chairman originally suggested and from that to which I have been giving my thoughts during my recent unemployed moments, but I am glad to discuss the topic as it stands, and trust that I may interest you for a few minutes.

The hyperæsthetic American child; is he an abnormal production?

The answer to this question depends entirely upon the view point from which we consider the proposition, upon the other children with whom we compare our hyperæsthetic youth and upon a just appreciation of cause and effect.

I believe that it is safe to admit that the American child is hyperæsthetic, that the American youth is also hyperæsthetic, and consequently that the nervous system of the American adult is keyed to a higher pitch than that of his brethren of most, if not all, other nations.

It does not necessarily follow that the American of any age is more emotional than others of corresponding ages because he is more sensitive to external and internal impressions; as a matter of fact, we know that he is not. He probably stands about midway in the emotional scale, with the voluble Frenchman on one side of him and the phlegmatic Englishman on the other.

Hyperæsthesia is defined by Foster as "a morbidly acute sensitiveness to external impressions." This means an exalted sensitiveness of nerve cell, whether central or peripheral, and of nerve terminals.

The hyperæsthesia of the peripheral and central nerve elements of the American makes him more keenly alive to his environments, quicker to receive and to appreciate to their full value impressions from without, more certain to utilize these impressions in practical, purposeful efforts; it enables him to reach a higher standard of practical "all-around" development and to attain that standard in a shorter time and by a shorter route than his less active competitor.

This makes men of our youths, explains why young men with us reach high positions of great responsibilities, it explains why American men can master so many varied details, it explains why so many of our experts are young men, it explains why the American mechanic can outstrip others in the amount of work that he can accomplish, in his ability to use intelligently complicated machinery to a good advantage, and in his wage earning capacity.

The English or German intellect is developed along one line only; it is not versatile; it is slower in development; in the end it is master of the details on the one chosen line.

The American artisan knows his relative value and consequently he is better paid, better fed and better housed than is the artisan of any other country.

His general mental development is in advance of that of his foreign brethren, he is better qualified to make himself felt in the consideration of economic problems. He has become aware of this fact, and to-day the organizations of skilled labor in this country are approaching the control of everything except the National Government, the great trusts and the professions.

We can not carry this comparison down to the ranks of the laborer, because as you know we have no American born laborers except the colored race.

The farmer and his family are not exceptions to our classification; observation will demonstrate that as soon as any of the farmer's children approach a hyperæsthetic development, they look for other environment and other occupations than on the farm.

This hyperæsthetic development makes an active, pushing, keen and successful nation, but the expense is not to be under-estimated.

The pace is swift, the race is run at a higher spend, but the endurance is shorter. We grow old faster, we reach our limitation of active usefulness in fewer years. We drop more mental and physical wrecks by the wayside. Too many of our young people are unable to complete their preparatory school training. We all dread graduation time, for the girl who stands at the head of her high school class.

It is useful to consider the causes which lead up to so exacting a development of our children and youths.

The first condition I wish you to consider is heredity. We are all cognizant of the importance of the hereditary factor in the physical development of the child. We know that he will develop race and family characteristics even if reared entirely apart from his own people. We know that he will often reproduce ancestral personal peculiarities in methods of speech, of action and of thought.

The study of the primal causes of disease and of

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the subject of immunity, teach us that cell structure, cell resistance and cell capacity are transmitted from parent to offspring. Cell structure, resistance and capacity determine cell expression. Cell expression is life with all of its varied idiosyncrasies.

Recent teaching indicates that characteristics which have been used, abilities which have been developed, and lines of thought which have been active, will impress themselves most strongly upon our progeny. In a large family the characteristics of the developing children will reproduce and represent the varied interests and activities of the parents at the different stages of their reproductive life.

Environment and the degree of nutrition will modify but can not obliterate inheritance. An active, keen, nervous family or race living in a stimulating atmosphere of sharp competition fed upon nutritious and stimulating food will beget hyperæsthetic children.

Various degrees of degeneracy when compared with the parents will appear in the offspring, but the average of this rising generation will be in advance of its ancestors. Moreover, the mental degeneration will be the result of abuses and consequent pathological conditions rather than the result of overwork or overtraining of mental and physical activities.

It would be interesting to go back and trace out the causes which have given this composite American race its peculiar characteristics, but it would be apart from our subject. It is evident, however, that we have inherited traits from a widely varied ancestry; we have and are still training these traits in a keen competition to surpass in every activity of life.

From the standpoint of inheritance it would seem that the hyperæsthetic child is not an abnormal production but rather the legitimate child of its parents, showing an abnormal keenness at an increasingly early age and reaching maturity at a dangerously young age.

The second condition which seems to me to have a bearing upon the production of this child is its early training. During its early infancy it is the object of admiration for all of its fond family and friends, and early is taught to notice and to develop its faculties; any unusual brightness it shows not only receives notice and commendation, but is continually exhibited, and by this repeated exhibition made more and more pronounced, helping thereby to develop the mental capacity for the early acquisition of knowledge.

The average American child is allowed to enter more into the life of the family, and to take a part in the incidents of life, however stimulating and exciting they may be to its easily affected brain cells.

This early stimulation, if we may judge aright from our observations and readings, is much more marked with the middle class of Americans than with any other people. This early co-operation in family life tends to develop habits and to accentuate the mental keenness which it has inherited. The precocity of the American infant, child and youth is recognized the world over. There are times when to everyone outside of the immediate family it does not appear to be an unqualified blessing.

The third condition which seems to me to favor the development of a hyperæsthetic child is its school life and social association. I believe that we send our children to school at an earlier age than other nations are in the habit of doing.

I believe that our competitive system of study, as practiced in all the grades of our school, both primary, intermediate, grammar and high school, has no duplicate in any other educational system than our own. While it tends to stimulate many children to their best efforts and does undoubtedly bring the average child up to a higher standard than he would attain if left to go more at his own bent it has an unfortunate result with those whose nervous systems are not able to stand such a continued strain; it helps to accentuate the hyperæsthetic peculiarities with which the child had already been endowed.

Our educational institutions are continually striving to cover the ground thought necessary for pre-collegiate course at an earlier and earlier period, and in recent years the colleges themselves are making an effort to condense what has heretofore been considered sufficient work for four years into three, holding out as a premium a year's earlier graduation to all those who can cover the course in the shorter period.

In my own observation I have seen some of the ill effects which have resulted from this effort on the part of ambitious youths who have made the effort to do four years' work in three in the shape of damaged eyes, damaged hearts and damaged nervous systems. Many students have been obliged to give up their course of study before its completion; students, who, in many instances, would have been perfectly competent to have done all of the work if they had been obliged to spread it over a little more time, and encouraged to take more hours of recreation and sport as they went along.

I am conscious of the fact that the average school boy and the average college boy would of his own volition take sufficient time for sport and recreation, but the stimulus to be on a par with his more keenly active companions and with boys better prepared, will cause many boys to attempt what is for them an impossibility.

Again, we allow our children during their school life, both of the lower and higher grades, to form social associations which demand time for social functions, time which would better be spent in recreation or sleep.

These same social associations of school children and youths often put quite an extra amount of tax upon their mentalities in the literary requirements that are exacted of each.

These are some of the environments to which I referred in an earlier part of my discussion. An environment which, in itself, tends to increase the mental keenness and to decrease the store of resistance which every individual should maintain. An environment which tends to exalt the capable and to wreck the incapable.

The next condition to which I wish to call your attention is the subject of diet.

It is a well known fact that the average American family of any class is better fed than the same

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class of any other nation. This applies particularly to the middle class, which in older countries uses plain, simple food, vegetables and cereals constituting the major portion of their diet. Meat is a factor of much more importance in the average American diet, and the use of condiments and stimulants is more common than among the northern nations of Europe.

In this last particular, viz., the use of stimulants and condiments, we are outstripped by the volatile descendants of the Latin race.

The average American child often learns the taste of the varied articles of our table before it has gotten beyond the proper period for weaning; when its diet is changed from the maternal feeding or bottle mixtures of its first infancy it is apt to be given a diet with a wide variety and embracing articles of food which overtax the digestive organs and increase the work of the eliminating organs to dispose of the excess and of the imperfectly digested parts of the diet. The final result is an overstimulation or irritation of the nervous system which helps to produce the condition of hyperæsthesia which we are discussing.

A child fed on this generous variety, and especially when meat is given before the proper time or in too large amounts, is bound to be a more nervous and excitable individual. He has greater difficulty in obtaining a sufficient number of hours of sleep; his eliminating organs are doing more work than they are expected to do as a regular thing. Such children are more prone to all kinds of digestive irregularities. It is my observation, and I have heard the statement corroborated by others, that they are less able to dispose with impunity of the occasional toxic dose with which all children are at one time or another affected. The fact is such children are more apt to contract colds, and if they contract a cold less likely to dispose of it in a day or two; more apt to have it develop into an acute bronchitis or even pneumonia. They are more apt to succumb to other infections which have been introduced into their system, such as the ordinary children's diseases. They have a lower degree of relative immunity because they continually live up to their limit of resistance.

In fact, the more we study the question of diet in infancy and childhood the more we realize that the great majority of children's ailments depend either directly or indirectly upon an incorrect diet, and that with perfect dietary methods they could escape a large part of their illnesses.

I believe that the question of diet is an important factor in the development of the morbid, nervous phenomena which we are led to believe the American child is so prone to exhibit.

In concluding this rather rambling discussion, I would state the propositions as follows: The American child is hyperæsthetic: if we consider the proper relation between cause and effect, we have no right to consider him an abnormal production. If we look at the question from a comparison with children of other nations he may be said to be abnormal. This hyperæsthetic abnormality, if it is a national characteristic, has had its own bearing in the development of the peculiar American spirit which has been important in putting this nation in the foreground whenever competition exists. [Michigan Hom. Society.]

Homoeopathics.

THE HOMŒOPATH OF TODAY.*

BY A. C. COWPERTHWAITE, M. D., CHICAGO, ILL.

When asked for the title of the paper which I should present to this society I hurriedly gave the above. It is hardly appropriate. Homœopathy is the same yesterday, today and forever. A law of nature never changes. Similia similibus curentur is a natural law. It was a law long before Grecian mythology sustained its principle, when, during a battle, Telephos received a wound from the spear of Achilles, and Odysseus scraped some of the rust from Achilles' spear and healed the wound. It was a law long before Moses lifted the brazen serpent in the wilderness and told all who had been bitten by a serpent to look and live. It was a law long before Elisha, when called upon to heal the unwholesome and brackish waters of the spring, called for salt, a substance similar to that already contained in the spring, and with it healed the waters until this day. It was a law long before Milton in his preface to Samson Agonistes said: "In physic things of melancholic hue and quality are used against melancholy, sour against sour, salt to remove salt humors." etc. Going back to the very beginning of the history of medicine, it was a law long before Hippocrates said "remedies which have caused disease must be equally efficacious in curing an analogour one." Similia similibus curentur is a law of cure as sure, as immutable, as universal as the law of gravitation or any other natural law. Were this not true, Homœopathy would never have existed, would never have shown its truth for over a century, would not exist to-day. Hahnemann did not discover the law of cure but systematized it and established many collateral features upon which it depended. The law itself can never be overcome. Certainly not by a few modern weaklings who never knew Hahnemann, who never appreciated his teachings, and who appear as mere pigmies in his gigantic presence.

What I wish to discuss is "the condition of the homœopathic school of to-day." In so doing I trust I will be pardoned for using the personal pronoun, as it seems unavoidable. To those who were as physicians born under the homœopathic flag from thirty to fifty years ago and who have maintained a constant loyalty to that flag and the principles it represents, who have borne the burden and heat of the day, who have practiced Homœopathy and fought for Homœopathy when to do so meant ridicule and persecution and ostracism and obliquy, but who nevertheless kept a bold and united front against a powerful adversary, to such I say it is humiliating

*Read before the Homœopathic Medical Society of the State of Wisconsin, May 23, 1906.

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and disappointing to see their work of many years being nullified and the very foundations of the homœopathic school seriously threatened by the growing tendency to sacrifice the law of cure on the altars of so-called scientific medicine.

Unfortunately the homœopathic school is divided into what must be designated as three factions. Not necessarily warring factions, but nevertheless factions which prevent harmonious thought and action. These three factions represent two extremes and a "middle of the road" class. Toward the latter there is a gradual approach from each extreme according to the more or less moderate views of the individual.

One of these extremes is represented by the ultra-Hahnemannians, so-called, and the other by those who do not accept similia similibus curantur as the law of cure, who pay little or no attention to the homœopathic materia medica, who rarely employ homœopathic remedies based on homœopathic indications, and who seem to think that the possession of a diploma from a homœopathic college constitutes a homœopathic physician, if, though he rarely, if ever, practices according to the principles of Homœopathy. From each of these extremes, as I have said, there is a gradual gradation toward each other until a medium is reached, which constitutes the third faction, and by far the largest of the three. In the latter class are found the great mass of homœopathic physicians with more or less individual leanings towards the two extremes mentioned. These believe in the law of cure and endeavor to practice in accordance therewith. They maintain that this is the sole test of loyalty to Homœopathy, that the single remedy and the minimum dose are only collateral features, perhaps wise and desirable, but not necessarily essential to being a loyal Homœopath. They believe the law of cure to be the law and the only law of cure, but at the same time maintain the necessity and the right to use adjuvant measures, either mechanical or palliative, in the relief and cure of the sick according as their fallible judgment may in some cases direct, and, as a rule, use their remedies in the lower and lowest potencies. On the other hand, the ultra-Hahnemannian believes in the infallibility of homœopathic remedies in all curable cases which necessarily involves a belief in the practical infallible judgment of the individual prescriber As a rule, they use their remedies in the higher and highest potencies, doses inconceivably minute, maintaining that the higher the potency the stronger it becomes in its therapeutic action. They do not believe in either the necessity or the right to use mechanical or palliative measures. Such a faith in remedies properly applied, such a faith in individual skill, such tireless study of the materia medica as is required, and for which the Hahnemannians are noted, deserves only the admiration and praise of those who are not so constituted as to be able to believe in all the doctrines and practices of this extreme wing of our school. I well remember how in 1880, during the meeting of the American Institute of Homœopathy in this city, I gathered with others in the parlor of the Plankinton House to organize the International Hahnemannian Association. It was proposed that we organize a society that would be practically within the Institute but devoted exclusively to the promotion and promulgation of pure Homœopathy, the serpent head of mongrelism having already begun to show in our membership. A committee was appointed to formulate rules. They reported among other things that no member was to use medicated local applications. I at once opposed this part of the report. It was, however, almost unanimously adopted, upon which I left the room with several others, and had no more to do with the I. H. A. Not long after I visited the office of a member of the aforesaid committee who was an oculist. He was making a local application to a granulated lid. I asked him what it was. He replied, "Tannate of glycerine." I called him down. His only reply was "In such cases it is necessary. We all do it." Since then my confidence in the absolute sincerity of all professing to be Hahnemannians has been considerably shaken. Years after the above occurrence I was in the office of one of this belief, and whom I knew to be an excellent prescriber. A gentleman called for medicine for his wife, who apparently had pleurisy or pleurodynia; at all events the symptoms were easily and unmistakably for Bryonia. The doctor went to a large paste-board box filled with ready made powders. He gave the party a number of them in an envelope, and told him to have his wife take one every fifteen minutes until relieved. After the man had departed I asked the doctor what he prescribed. He answered "Morphine 2x. I keep the powders already put up for such cases." Since then I have had still less confidence in some Hahnemannians. Nevertheless, I believe these to be the exceptions rather than the rule. Certainly all of them do not practice what they preach. On the other hand, I have known sincere and consistent Hahnemannians to stand by a case of post-partum hæmorhage and let it die on Belladonna 200th, without using any mechanical measures to stop the hæmorrhage. I have known a Hahnemannian to allow a patient incurably ill with cancer of the uterus to die in intense agony, lasting over two weeks, with constant screams that reached and horrified the whole neighborhood, because from principle, he would not prescribe an opiate.

In Chicago a few years ago, I was called in consultation with one of our best Hahnemannian prescribers to see a case of typhoid fever. The patient was in a collapse and rapidly sinking, as the result of an intestinal hæmorrhage. I at once advised a normal salt solution and hypodermic injections of strychnia. He refused to use them, and wished me to name the indicated remedy. I replied, "The indicated remedy is Carbo vegetabilis, but the patient will not live to get the second dose. He needs a temporary stimulant."

He gave Carbo vegetabilis 200th. In thirty minutes the patient was dead. I simply give these cases as illustrations of the extremes to which ultra-Hahnemannians will go. Fortunately this ultraism is not the rule.

When we come to consider the practice of the opposite extreme we hardly need to enumerate. They are far too familiar to all. Many years ago the term mongrel was applied to those who did not strictly

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adhere to the law of cure. However, such gross departures from the principles of Homœopathy as we see to-day were unknown. Hempel and Hale and Egbert Guernsey represented what was known as the crude and physiological prescribers of that day, but they were rank Homœopaths as compared with many who now so falsely pretend allegiance to the law of cure, but who practice and teach a method entirely inconsistent with their profession. They believe and teach in accordance with a recent editorial in the New England Medical Gazette, edited by a most excellent gentleman and an ex-president of the American Institute of Homœopathy, that similia similibus curantur is not a law of cure but only a method of cure, and should be applied with other methods according as individual opinion dictates. This is the primary and fundamental wrong upon which rests the widespread disloyalty that now pervades the homœopathic ranks. The law of similars is the only law of cure. There are other methods, mechanical and otherwise, including surgery, which may be called to its aid, but nothing more. Otherwise, why the necessity of maintaining Homœopathy as a distinct school of medicine. All allopaths, so far as I know, are ready to admit that it is a method of cure, and are willing that such a doctrine should be taught in their colleges. Such a belief simply takes one clear back to Hippocrates, who proclaimed that "Diseases are sometimes cured by contraries, sometimes by similars, and sometimes by medicines that have neither similitude or contrariety." The moment a physician maintains that the law of cure is not a law but only a method of cure, that moment he ceases to be a Homœopath, no matter if he is a graduate of a dozen homœopathic colleges. Were such a belief confined to the more or less obscure Homœopaths it would not matter so much, but unfortunately it has become somewhat popular among those who stand high in the profession as teachers and writers. They not only practice in accordance therewith, but teach from the journals, in books and from the rostrum, to unsophisticated students, their inexcusable and indefensible heresy, and thus is being spread throughout the profession treasonable doctrines which ultimately mean the utter downfall of Homœopathy as a distinct system of practice.

What I plead for is that these extremists come together on a common ground. That the Hahnemannians will realize that an absolute adherence to the single remedy, or that the extreme high potencies, or that the iso-pathic use of animal nosodes is not an essential feature of Homœopathy. On the other hand I wish it were possible to make the extremists at the other end of the line realize that they are following after false gods, that they are sailing under false colors, that they are pretending to be Homœopaths when they are not. They are not even "mongrels" or "mixers," for they prescribe homœopathic remedies no oftener than does the advanced allopath. Many of them no doubt claim to be "homœopathic" for commercial purposes only. They are "something" in the homœopathic school, they realize full well that they would be "nothing" and soon lost sight of if they were honest enough to go over to the old school where they belong. If they could only be made to realize the great wrong they are doing to the homœopathic school, drop their allopathic tendencies, and once more go back to their first love and practice and teach homœopathic therapeutics, how much better it would be for them and for the cause of Homœopathy. Unless they do this it means one of two things, either the practical annihilation of Homœopathy as a distinct school of practice, or else a revolt by those who will no longer stand for the treasonable utterances and practices of these men, and consequently a division in the ranks of Homœopathy, which will cast "into outer darkness" those who have been the means of bringing about the reform in homœopathic therapeutics, which is bound to come unless there is a change on their part. A Homœopath who neither practices nor teaches Homœopathy is an anomaly that must be gotten rid of, or Homœopathy is doomed. Their teachings and influence permeate the minds of the students and young physicians and make of them "mongrels" instead of good Homœopaths which they would otherwise have been. As a forerunner of what may come the Regular Homœopathic Medical Society has been organized in Chicago. It is not composed of Hahnemannians altogether by any means. It has not been organized in the interests of any college. It has not been organized to oppose any existing medical organizations or institutions, but simply to "promote Homœopathy." Do you say it is not needed? I am sure the majority of Homœopaths will disagree with you. They know it is needed, but are terribly afraid it will cause division in our ranks. That division is bound to come sooner or later unless there is a reformation. If there were no necessity for its farther use this new soicety would go out of business at once. But there is use for it, and there will be just so long as present conditions exist. The homœopathic school needs a violent purging, even though thereby a few hundred allopaths are excreted. There will be plenty of good Homœopaths left. Let those who so long for the flesh pots of Egypt, those who swell with pride like a porpoise if they are treated with a little condescension by an allopath, those who abjectly fawn to the allopaths for social and professional recognition, let them go, Homœopathy can do without them. Unless they reform or go, there will be more "regular" homœopathic societies formed, and even the A. I. H. had better see to it that its absolute control is not turned over to such influences, or the Homœopaths in its membership will rise up and drive these traitors out of the temple which they are desecrating, or, if this cannot be done, will adopt other measures to keep inviolate and promote the principles of Homœopathy. I have nothing to say of the recent crusade being carried on in certain journals against anti-pathic methods. It is conducted by one man who is entirely responsible for his own acts and methods. The Regular Homœopathic Medical Society has nothing whatever to do with it. It must be admitted, however, that he has made some startling revelations that are not denied and cannot be. Call it a "muck rake" if you please, but if there were no muck, the muck rake would be harmless. No wonder that those whom the muck rake

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exposes, not being able to defend themselves adopt other measures to detract attention from the real facts. I am a member of the consulting staff of Cook County Hospital, and with one other gentleman had the duty and honor (?) of naming the present attending staff. I never dreamed of such results. Cook County Hospital is a public institution. Homœopathy was placed therein in order that its claimed superiority to allopathy might be tested. It is the duty of any Homœopath accepting an appointment in that institution to practice straight Homœopathy there if he never does anywhere else. However, it would take a man with a very high power objective to tell the difference between the treatment of the two schools of practice unless it be that the so-called "regular" treatment is the best, for the regular knows what he is doing and the allopathic-prescribing-Homœopath does not. He is no good from either a homœopathic or an allopathic standpoint. He is neither one thing nor the other—a mongrel—whose methods are despised by both, even though he be personally popular. Years ago by persistent effort Homœopathy obtained a representation on the staff of the hospital. Ostensibly it was done to benefit the cause of Homœopathy, incidentally to advertise a certain homœopathic college. The latter was a success, but it would have been far better for Homœopathy if it had never gained a footing in the hospital. It has been an unqualified curse. It has made many allopaths out of Homœopaths, but not a convert to Homœopathy, for the simple reason that so little Homœopathy has been practiced. A great opportunity has been wasted, and the loss can never be regained. There are no doubt reasons why it is difficult to practice straight Homœopathy in that institution, but it could have been done had the staff and internes had the courage of their convictions. However, the seductive influences of palliative medicine, the lack of an incentive to make permanent cures rather than to give hasty relief, and the association with superior numbers of well qualified allopaths, has been too much for most of the homœopathic internes and many of the staff. The result has been that recent graduates who went into the hospital enthusiastic for Homœopathy have come out lukewarm, to say the least, and many of them, most of them are to-day practicing allopathy, although still claiming allegiance to Homœopathy, though rarely, if ever, making a homœopathic prescription. According to present manipulations under well managed civil service rules it is altogether likely that within the next few years there will be no homœopathic representatives in Cook County Hospital. I do not look upon such a result as a calamity. It would have been better for Homœopathy had the well-meant efforts to secure this representation failed in the first place. Homœopathy when properly applied always has and always will prove superior to allopathy. Let us get together.

In what I have written on this subject there has never been the slightest feeling of "venom," nor have I intended to be personal in my references. However, if the shoe pinches, the guilty one will wince at the language, which, though plain, is nevertheless true. I have been warned that the position I have taken will injure me personally with many friends of both extremes. I hope not, but the fear of such a catastrophe will not deter me from performing that which I consider a sacred duty. After nearly forty years of practice, during which time I have, in season and out of season, fought for the principles of Homœopathy, I shall not at this late day, even at the risk of forgetting my "good breeding," surrender to those who, under the guise of modern scientific requirements, seek to encompass the downfall of the only system of medicine based upon scientific principles, and which has for over a hundred years withstood the powerful assaults of an all-powerful enemy. Neither do I now or will I ever "pose as a martyr." The worst foes we have are those of our own household.

SIMILIA SIMILIBUS CURENTUR. IS THERE ANY OTHER LAW OF CURE?

BY HORACE P. HOLMES, M. D., MONARCH, WYOMING.

Editor Medical Century:

Your editorial, "Nail the Colors to the Mast," contains much that is interesting. And yet it seems to me its tone is lacking in that positiveness which should characterize the utterances of the editor of a leading homœopathic journal. It is too late to make any apologies for the homœopathic law, its methods of practice or its results. If ever a medical question has been settled to any reasonable extent the truth of Homœopathy has been. And therein lies the weak point in the editorial. If, in our one hundred years of successful work and magnificent progress, we have not settled the fact that Homœopathy is the best system of medical practice, it would be of little import to what conclusion an investigating committee of ten Homœopaths and ten allopaths came. Yes, nail the colors to the mast, but don't go off and leave them. Stay right there and fight it out.

What does it matter to us whether the "regular old school allopath" believes in Homœopathy or not. We have had to fight our way through this hundred years, and the fight is still on. All over the world, in every State, in every position of prominence, in the army and navy, in cities, in corporation practice, down to the petty office of township physician, it has been and is a bitter fight against the Homœopath. Anything to keep him down and get him out of the way.

And now the cry is, "Give up your law, your faith, your knowledge, your very manhood; come with us and we will take you in." That would be a sweet thing to do, indeed.

Who and what are the old school that we should heed them? Have they a law? Have they a system? Have they faith even in their own method of practice? Purely empirical, they wander from one fad to another, with nothing to anchor to, no abiding faith in their remedies, shifting from year to year at the beck and call of a few would-be leaders, damning anyone who does not see fit to follow their will-o'-the-wisp tendencies.

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Have they a law? No. Contraria contrariis

curentur is not a law in medical practice. Contraries do not cure contraries, for, practically, there are no contraries to disease. What is the contrary of pneumonia? Health, do you say? Not by a long way. It would be a deviation from health equally opposite to pneumonia, and such a condition never has existed. Where is there an old school remedy that represents the opposite to the pathological condition or conditions of pneumonia? There is none. I can think of few opposites of diseases. Constipation is the opposite of diarrhœa, and amenorrhœa is the opposite of dysmenorrhœa, but neither is health. The doctor who cured a diarrhœa by producing a constipation or a dysmenorrhœa by bringing about an amenorrhœa has simply perpetrated a bull. He has not cured his patients by sending them to the other extreme. What is the opposite of a nephritis, a tonsillitis, rheumatism, erysipelas, enteritis, dysentery, etc., etc.? And what remedy is contraria contrariis curentur to any of these diseases? There is neither truth nor sense in the statement even though older than Hippocrates.

In opposition to the fact that there is no possible illustration for the law of contraries, we are never at a loss to show the reasonablenss of similia similibus curentur. To illustrate. What is the similia of nephritis? Cantharis; of pneumonia, Bryonia; of cholera, Arsenic; of scarlet fever, Belladonna; or diarrhœa, Aloes; of dysentery, Mercurius, etc., etc. Does anyone question the aptness of these illustrations? Surely not. And these remedies will cure.

Then the old school have no law, and I do not believe they even claim to have. Without a law they are purely empirics, practicing on the method that what has seemed good for one person must be good for all similarly afflicted. And yet every physician of any experience knows that he cannot rely on that, else the patent medicine system would be sufficient for all future needs. Have they a remedy or remedies that will cure pneumonia? They broadly advertise that they have not. They are now hoping for a serum of the pneumococcus that will be efficacious. Have the Homœopaths a remedy or remedies for chronic diarrhœa? Certainly, and of the very best and most efficacious. What says the old school in the subject to-day? They have advised and practiced bringing the appendix outside the abdominal wall and using it for a syringe nozzle to flush the colon with until the colon sees fit to behave itself. And yet a diarrhœa is usually an affection of the small intestines. Where is there a homœopathic physician so helpless as needs to resort to such a procedure?

I reported to the International Hahnemannian Association a case of chronic diarrhœa of fourteen years' duration that I cured with three doses of Sulphur 200th, taken one hour apart, until the three doses were taken. Yes, I cured the case. It was not nature. For nature in thirteen years had not made an effort towards a cure, even when assisted by numerous doctors, countless drugs and a $300 operation by the great Brinkerhoff. I have no patience with the theory that a doctor does not cure his patient. By the same idle argument a cook does not cook a dinner, an engineer drive an engine, nor a woman give birth to a child. The fire may do the real cooking, the steam drive the engine, and the woman just have to have the baby, but I venture to say there would be little doing without the three important parties. Nature may take some part in the cure of diseases, but she uses mighty poor judgment in directing her efforts towards curing many diseased conditions. Take "proud flesh," for example, where instead of curing a simple wound she piles up a toadstool of granulations, and instead of curing a trachoma she sets up a pannus. But whether it is nature or the doctor who cures disease I think it much better to cure a diarrhœa with a few doses of Sulphur than to make a syringe nozzle out of a man's appendix. It illustrates the wisdom and power of Homœopathy over allopathic ingenuity.

Yes, nail the colors to the mast and stay there and fight until at least some one comes along with a more reasonable and successful system of medicine than the "regular, old school, allopathic" style. Too long have we dallied with the enemy here in America where our school has accomplished so much. Our old heroes fought the fight and established Homœopathy on a firm basis, compelled recognition in every State board of health, and made converts to our system all over this broad land, and now we find many of the present generation of homœopathic physicians too lukewarm to stand up for their rights or to defend a position won by such a bitter struggle. The pioneers literally fought their way to our present position. A Michigan Legislature once passed a law making it a penitentiary offense to practice Homœopathy within its borders. It took a Homœopath, and one with nerve and backbone, to fight that law and bring about its annulment. But the old hero, Dr. A. I. Sawyer, I think it was, made the fight, went into the halls of the legislature, and won for the Homœopaths the right to practice their system in the State of Michigan. No homœopathic physician with the "Let's join the allopaths" spirit, could have done it, and I am sure an allopath would not have done it. Dr. O. P. Baer, of Richmond, Indiana, knew what a fight a Homœopath had on his hands in that State fifty years ago. But he was determined to establish Homœopathy, he gave public lectures, had his fight through the newspapers, and would not give up until he succeeded in forcing the recognition of Homœopathy in the State of Indiana, because, convert as he was, he knew it was the best system of medical practice.

Every country homœopathic practitioner has this same fight to carry on, and it is waged by the opposition with bitterness. He is scoffed at, ridiculed, slurred and snubbed by his would-be superior irregular, even though this latter be barely out of the diaper stage of medical practice. Only the other day an allopathic physician, and in this sense the word allopath is correct, for it means in opposition to the Homœopath, who has received several consultation and assistant fees through my favor, told me there was absolutely nothing in Homœopathy, that it was a delusion akin to Christian science and the mind cure, and, to make the case more offensive,

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said all we homœopathic physicians knew it. He insisted there was no action, and could not be, to a homœopathic dilution. Then I asked him what was the use of our studying materia medica or giving a thought to the remedy we prescribed if there was no action to the remedy anyway? But nothing I could say appealed to him. "You are simply mistaken," was all he would say. I felt sorry for the poor fellow so wise in his own conceit. I may soon compete with that learned gentleman in private practice, and I feel that I know more remedial measures than he has dreamed of.

At the end of one hundred years of such fighting should we nail the colors to the mast? Aye, aye, sir!

Another feature. By this lukewarmness we are doing wrong to our students and recent graduates. Consider the position of the young graduate going out into the world to battle for Homœopathy, as he will surely have to do, and scarcely a homœopathic journal to stand up for straight Homœopathy. It is truly discouraging! Even his editor blandly says, "There are other laws of cure, my boy." Well, are there? I have heard this statement from the quasi-Homœopaths for years, but not one of them has pointed out and sustained his position. Our recent graduates need our help, our encouragement, our assurance based on experience that Homœopathy is the best medical system there ever has been. Only a few weeks ago a young homœopathic physician wrote me from Galveston, Texas, that he wished to leave there on account of the strong opposition of the allopaths. I told him to stay, fight and win, as our pioneer heroes had done. He answered that he would. Recently a physician visited me who said he had first graduated from a homœopathic college in Kansas City, and then felt compelled to take a course in an old school college. He felt ashamed of Homœopathy. He was suffering from otitis media and wished me to prescribe for him, as he did not know what to do for himself. I asked him what would be his homœopathic prescription, and I think he said Nux vomica and Sulphur. He certainly had had a little Homœopathy. I asked him why not Pulsatilla for his symptoms? Pulsatilla cured the otitis promptly with no complications. Another homœopathic physician in our State, and we have only twelve in Wyoming, a graduate of Hering Medical College, pretends to practice either school. Where did this doctor learn the old school methods, for he only holds a diploma from Hering?

There must be a fault in the teaching, that these students are not better grounded in their faith, their knowledge, their loyalty to Homœopathy, and there is a lack of steadfast loyalty on the part of our medical journals which ought to be our guides and staunch supporters.

I have filled but twenty-five years of continuous medical practice, and can see nothing in the works of the old school that is superior to Homœopathy in the actual prescription of the curative remedy for the sick. Four years' experience in coal mining camps, with many nationalities, where seventeen languages are spoken, and under the worst hygienic conditions, have only the more thoroughly convinced me of the superiority of the law of similars, and I can also truthfully say that 98 per cent. of my prescriptions have been homœopathic and the single remedy. And what of the other 2 per cent., you ask? I am not proud of them, but I am not perfect.

And of pneumonia. We have an altitude of 3,700 feet, and pneumonia is rife and fatal among the "regular" doctors. I have treated these pneumonias in dugouts, in tents, in box cars and vile bunk shacks, under the worst hygienic conditions and among the most unfavorable patients, oftentimes where we could not hold a conversation owing to our difference of language, and yet have so far not lost a patient. Some of you may ask, "How can you treat a patient where you can talk but little with him?" Yankee like, I reply, "How can a homœopathic veterinarian successfully treat horses?" It is Homœopathy that has succeeded. Can the old school offer us anything superior? At least, they do not.

Shall we nail the colors to the mast? Yes, and stay and fight for them.

Practice of Medicine.

ENDOCARDITIS.*

BY G. J. DAMON, M. D., MEDINA, O.

The heart is one of the most over-worked organs of the body, consequently is very susceptible to disease.

The most frequent form of disease of the heart is endocarditis or inflammation of its lining membrane The inflammation is usually confined to the valves, and most often to the left side of the heart.

According to Parrot in 1,058 cases of chronic valvular disease, the post-mortem showed fifty-seven cases were disease of the right side of the heart, while 1,001 were of the left side.

There are two forms of endocarditis, acute and chronic.

The acute is again divided into simple and ulcerative.

Simple acute endocarditis is usually associated with acute rheumatic fever, tonsillitis, which is now classified as a rheumatic disease; chorea, pneumonia, scarlet fever and phthisis.

About 90 per cent. are caused by acute rheumatism.

To determine which valve or valves are diseased we employ auscultation. The mitral valves are best heard at apex of heart, or in a normal heart between the fifth and sixth ribs, and one inch to the right of a vertical line drawn through the left nipple. The aortic valves are heard best a little to the right of the center of the sternum, the tricuspid valves over the central and lower part of the sternum, and the pulmonary valves a little to the left of the center of the sternum.

The left side of the heart and the mitral orifices is most usually affected, but no valve is exempt.

*Read by title before the 42d annual session of the Ohio Hom. Med. Soc., Columbus, May 8th, 9th, 1906.

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In inflammation of the endocardium there are the usual symptoms of inflammation of serous membranes, hyperæmia, swelling, redness and as a consequence an exudation of lymph from the endocardium. As this hardens it attracts the fibrin in the blood as it is forced against the valves. Thus are formed morbid growths or vegetations from the size of a pin's head to a millet seed. These warty excrescences prevent the entire closure of the valves affected, so that we get a murmur or rough sound when the valves close instead of a sharp tick

This sound is produced by the blood being forced backward, i. e., a part of it, owing to the valve not closing tightly.

The symptoms of acute endocarditis are somewhat unreliable. We may get pain in the region of the heart, but not often. The heart should be examined every day during an attack of acute rheumatism. If we find its action much increased, if there is an increase of fever not accounted for by an increased joint trouble, if we find the heart's action irregular, intermitting, or one beat strong while the next is weak, then we should look out for endocarditis. In a short time we will hear a slight roughness, and a little later prolonged murmur over some of the valves, usually the mitral, instead of the sharp tick heard in a normal heart beat.

The prognosis is favorable as to living, but unfavorable as to chronic valvular defects, although even these are sometimes reduced almost to a minimum.

Treatment: Absolute rest during the acute attack and for several weeks after. Keep the body warm. Use hot compresses over region of heart. Homœopathic medication does much to relieve this condition. It is especially noticeable after reading the allopathic remedial treatment.

Pepper in his System of Medicine says: "The patient should take small doses of opium in the first stage to help keep him quiet." "Use leeches over the cardiac region. Sustain patient with some form of iron." "Does not believe in ice bag over heart, but should keep parts covered with flannel."

Osler says, "Give Aconite if there is much vascular excitement, and apply an ice bag over the heart."

This is all of their medication for acute endocarditis.

In comparison with this homœopathic medication stands out very superiorly.

Aconite, 1x or 2x, first stage with high fever, restlessness, anxiety and sometimes fear of death.

Bryonia, 1x or 2x, usually follows Aconite; rheumatic fever, pain in joints or in heart; helps to prevent exudation and the formation of vegetations on valves.

Veratrum viride: Violent action of the heart; congestion of the lungs in connection with endocarditis.

Spigelia tincture: Violent pain in heart with violent palpitation. Cactus 1x: Sense of constriction around heart.

These remedies have a specific action in this disease if prescribed homœopathically, will modify the attack and prevent much damage to the valves. I do not think anyone can say that of any of the remedies mentioned by Pepper, or that they have any specific action in acute endocarditis.

Osler mentions Aconite tincture but does not limit it to its proper place, i. e., the first few hours of the disease, after which Bryonia should usually be used, but allows it to be used at any time during the fever stage. It seems as if the comparison is so obvious that anyone can see the superiority of homœopathic medication in this disease.

In acute, rheumatic fever which is so very liable to affect the valves of the heart, it seems as if we should anticipate the results, and treat the case as if it were one of endocarditis, and not wait for the disaster to occur. The remedies are so nearly alike that we use in either condition that nothing is lost by doing this. So that in every case of acute rheumatism if we would keep the patient absolutely quiet in bed, instead of walking about on crutches, sitting up, and exercising more or less, as they will, except in the more severe forms, and in this way anticipate an attack of endocarditis, we prevent its doing the valves so much damage. In this disease the old saying that "a stitch in time saves nine" was never more fully exemplified.

For once let the valves of the heart become damaged very badly, no amount of treatment will ever restore them. But if we save the heart by absolutely prohibiting all exercise, then, if endocarditis does not occur, no harm is done; if it does occur, the damage is reduced to a minimum. Again, if we wait for the endocardial murmur to appear before any attention is given the heart, the damage is already done. So I would urge that we do not wait to see if a case be endocarditis, but to treat all cases of acute rheumatism as if there were endocardial complications, or, as if it were sure to come. This precaution would not be so necessary if the beginning of endocarditis was not so obscure and the symptoms so unreliable, and that the damage is apt to be done before we are aware, and that the only positive symptom, the endocardial murmur, indicates that the damage has already gone beyond repair.

I will give two cases to exemplify this.

One girl, aged 11 years, had a severe attack of tonsillitis from which she recovered promptly, after which in a few days she had an attack of acute rheumatism in a severe form, followed in a few days more by an endocardial murmur. In about three weeks after the attack of rheumatism began chorea developed. She was kept absolutely quiet in bed for several weeks. The remedies used were Aconite and Belladonna for the tonsillitis; Aconite and Bryonia for the rheumatism and endocarditis, and Arsenicum and Cimicifuga for the chorea. This case recovered with only a small degree of mitral disease.

The other case, a young man aged 18 years, chronic endocarditis with a great deal of hypertrophy, had an acute attack of rheumatic fever, followed by an attack of acute endocarditis. This case hovered on the border land between life and death for three weeks, and as he improved we did not expect anything better than a life of chronic invalidism under the best of circumstances. He was kept absolutely quiet for several months, his mother

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caring for him and rigidly keeping him in bed, so that now, although he has mitral disease and hypertrophy, he has so far recovered that he is finishing his high school course, and expects soon to take up the study of the law to follow as his life work. The remedies given in this case were mainly Aconite during the first stage, and Bryonia afterwards. Malignant or ulcerative endocarditis is much more severe than the simple form, and, as its name implies, is almost invariably rapid and fatal. It is usually secondary to some infective or septic disease, as septicæmia, erysipelas, puerperal fever, or gonorrhœa.

The valves or walls of the heart even sometimes become perforated. Ths disease is seldom found in children.

The symptoms are high fever, sometimes remittent, with profuse sweating, and sometimes an endocardial murmur.

Acute miliary tuberculosis can be differentiated from malignant endocarditis by the pulmonary symptoms and the bacilli test; malaria can be differentiated by the malarial parasite; typhoid fever by the usual symptoms of typhoid and by the Widal test.

After excluding these diseases, if we get chills, irregular fever, sweats, and if it follows pneumonia or sepsis, we are fairly certain in forming a diagnosis of malignant endocarditis.

But there are a certain proportion of cases where a differential diagnosis is impossible, and nothing but the post-mortem will clear the case up.

The prognosis is bad, usually terminating fatally in five or six weeks, and sometimes in a few days, although Osler reports a case that lived nearly a year.

The only case of this kind that I ever saw was an ulcerative pericarditis. A woman, aged 35 years, had an attack of pneumonia. She passed into the stage of resolution, fever nearly all gone, and seemed to be doing finely. After visiting her one day and leaving her as I supposed in good condition was sent for in a hurry before daylight next morning, and as they lived twelve miles away, the patient was dead before my arrival. The post-mortem revealed the pericardium filled with pus. The surprising feature in the case was that there had been no symptoms during the attack of pneumonia indicating that the heart was diseased in any way.

The difference in treatment by the allopathic and homœopathic schools results about the same, as it is bound to result fatally anyhow.

Pepper advises alcoholic stimulants, Quinine and Iron.

Lachesis is perhaps the best homœopathic remedy we have in this condition.

The diseases causing malignant endocarditis are to be treated homœopathically, and an effort made to prevent this complication.

Chronic endocarditis is caused by acute attacks, by alcohol, syphilis, gout, and in young men by heavy and prolonged muscular exertion.

The valve segments become thickened, curled and retracted, so that regurgitation and incompetency occur.

If the edges of the valve segments become adherent we get stenosis and obstruction to the blood current.

Chronic endocarditis is divided, according to the valves involved, into aortic incompetency and aortic stenosis, mitral incompetency and mitral stenosis, pulmonary incompetency and pulmonary stenosis, tricuspid incompetency and tricuspid stenosis, and combined valvular disease. While the diagnosis of acute and malignant endocarditis is so very difficult that of chronic endocarditis is much easier.

It is caused in about one-half of the cases by acute endocarditis.

Aortic incompetency is caused by a retraction of the edges of the valves, which have become rigid and thickened. The result is that the aorta is not shut off during the second beat of the heart, and blood is forced back into the left ventricle. This affection is frequently associated with a marked degree of arterio-sclerosis.

The prognosis is favorable; but sudden death, occurs in this form of valvular disease more often than in any other, although the patient sometimes lives quite a number of years.

Aortic stenosis usually occurs in old men, and is due to sclerotic, atheromatous and calcareous changes.

The prognosis is not so bad as in aortic incompetency.

Mitral incompetency is the most frequent of the valvular diseases, constituting at least one-half of all the cases of valvular lesion. It is due to a deformity of the valve segments, or shortening of the chordæ tendineæ. This is a common form among children.

The prognosis is favorable as to sudden death, but we get in time a cardiac dilatation, and a general anasarca from progressive weakness of the heart muscle.

Mitral stenosis is due to a fibrous thickening and contraction of the mitral cusps. It is more frequent in women and young persons. Sometimes it is caused by the strain of whooping cough, but generally by rheumatic endocarditis. Usually it occurs in old men.

The prognosis is favorable for living many years, but, of course, ultimately unfavorable.

Tricuspid incompetency is due to right heart endocarditis during fœtal life or early childhood, or is secondary to left heart valvular disease or to pneumonia, or emphysema.

Prognosis: Gradual heart failure with dropsy.

Tricuspid stenosis is a rare condition, and is secondary to mitral stenosis. It occurs five times oftener in women than in men.

The prognosis depends largely on the severity of the mitral disease causing it.

Pulmonary incompetency is so rare that many doubt its existence.

Pulmonary stenosis is also rare, and is usually congenital.

The prognosis is not good, as the patient usually dies before reaching manhood or womanhood.

Diagnosis of the various lesions of the heart:

Aortic incompetency: Diastolic murmur over the aortic area; hypertrophy of the left ventricle; throbbing of the arteries, especially of the carotids.

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Aortic stenosis: Aortic systolic murmur harsh, rough or musical, and associated with a thrill Hypertrophy of left ventricle, apex of heart lower down than normal and outside the nipple line. Pulse small, wiry, irregular and thread-like.

Mitral incompetency: Systolic sound or murmur at apex of heart and heard too far to the left and posteriorly; right and left heart hypertrophy; accentuated second pulmonary sound.

Mitral stenosis: Presystolic thrill or murmur at heart's apex. This noise may be felt and is similar to the purring of a cat. Right heart is hypertrophied, left is normal. Accentuated pulmonary second sound.

Tricuspid incompetency: Soft, low systolic murmur over lower sternum, swelling and pulsation in jugular veins, enlargement and hypertrophy of right auricle. Swelling and pulsation of liver. Epigastric pulsation. Accentuation of pulmonary second sound.

Tricuspid stenosis: Presystolic thrill over tricuspid area, not possible to separate from co-existent mitral murmur. Area of cardiac dulness increased to right. Facial cyanosis and anasarca.

Pulmonary incompetency: Not possible to diagnose from aortic incomptency.

Pulmonary stenosis: Not possible to diagnose with any degree of certainty.

Treatment of chronic endocarditis: Moderate exercise, never severe, nourishing and not too bulky food, and not too much liquid in the stomach, as it crowds the heart.

Allopathic therapeutics: Digitalis tincture, ten drops three times per day, as a heart tonic. In cardiac dropsy, fifteen drops of the tincture, or one-half ounce of the infusion every three hours for two days.

Epsom salts, compound Jalap powder and Elaterium for cardiac dropsy.

Strophanthus completes the list that Osler considers of any value in chronic valvular disease of heart.

Pepper mentions Digitalis, Iron, Strychnine, Quinine, Carbonate of ammonia, Senega, and for the cardiac dropsy, compound Jalap powder and Calomel.

Homœopathic therapeutics: For cardiac dropsy, Apocynum, Adonis, Convallaria major, Sparteine, and Apis where there is scanty urination.

Other remedies for valvular disease and hypertrophy are:

Cactus: A feeling of constriction around heart.

Kalmia: Slowness of pulse; hypertrophy and dilatation and aortic obstruction.

Lithium carbonicum: Fluttering and trembling of heart.

Spongia: Loud blowing with each heart beat.

Arsenicum iodatum: Arterio-sclerosis.

Rhus toxicodendron: Valvular disease aggravated by strain.

In chronic endocarditis, a pneumonia, an attack of rheumatism, a slight cold, any severe or even any slight ailment, tends to increase the action of the heart more or less. We should treat these conditions as they arise and thus save the heart all we can from overwork. In this way we prolong the life of our patient. The allopathic writers say that nothing can be, or should be done for chronic valvular lesions till the heart fails to compensate, when the remedies named above may be given.

But we, as a school, know better than that; we know that by taking care of the small ailments of our chronic cases as well as of the severe ones, that we do prolong their lives as well as making them more comfortable while they do live.

We should keep these patients as cheerful as possible, keep their mind from dwelling on their hearts do not let them feel of their own pulse, and make them, as far as possible, forget that they have a heart, and do not, at least, let them think that because they have valvular disease that they will not live many months.

TREATMENT OF TYPHOID FEVER.*

BY T. T. CHURCH, M. D., SALEM, O.

Recently I saw in an old school medical journal the summing up of two articles on the treatment of typhoid fever. Let me quote. One says:

"1st. Thorough evacuation of bowels with small repeated doses of calomel, with an occasional small dose of a saline.

"2d. The continued use of the sulpho-carbolates, say, five grains every four hours, during course of the fever.

"3d. Copious and frequent drinks of water and liberal use of orange juice.

"4th. Cold sponging or pack when temperature is above 102°.

"5th. Turpentine locally and rectal enemata for tympanites.

"6th. Very little food, preferring broths, juice of freshly cooked steak, malted milk; avoiding sweet milk and starchy food.

"7th. Bed room clean, well aired, quiet; bedding changed and aired daily.

"8th. No solid food till fever has been absent five days."

The other writer makes his resumé as follows:

"1st. Try to reduce fever with medicine during the first twenty-four to forty-eight hours, also sponging.

"2d. Flush rectum and colon.

"3d. Use supportive measures, watching especially the heart and kidneys and the diet."

And there it all is in a nutshell. A routine treatment with all the individuality of the patient left out of the consideration.

Suppose we begin at the beginning and see if we can not do a little better. As soon as we make the diagnosis of typhoid fever, what shall we do? In all probability the diagnosis was not made at the first office call or house visit, but after days of more or less departure from a standard of health, and because medicine was not able to stay the progress of the disease. Then, if not already there, the patient is put to bed, to save, as far as possible, the extra drain upon his strength and vitality. Many

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insist that a certain kind of bed is required, but that idea never appealed to me as being essential, and I accept the best bed that I can find in the house on which the patient is most comfortable, be it a mattress, straw or feather bed, and then protect it with rubber under the linen or cotton sheet to avoid accidents. As to covering, a large range is allowable, but it is best to avoid the extremes of heat and cold.

After the bed has been selected, the next thing to claim attention is where to put it, and how often we have read "remove all furniture, pictures, curtains, carpets and so on from the room and leave only the bare necessities." A pleasant place, surely, in which to be sick. Those directions would undoubtedly be appropriate in a case of scarlet fever or small-pox, but why they should be given in case of a germ disease where the germs are all localized as they are in typhoid fever, and can be properly cared for, I do not understand. My choice of a room is one that is most comfortable for the patient, a bright, sunny, cheerful, well ventilated room, having articles in it familiar to the patient so that during his lucid moments, if delirium comes in the course of his sickness, as it usually does, his eye may rest on well known objects. The clothes of the patient and his bed should be kept clean with as little annoyance to the sick man as possible. He should not be allowed to sit up, but change of clothing and bedding ought to be made while he is in the recumbent position. Neither should he rise to attend to the bowels and bladder.

The temperature, pulse rate and respiration should be taken frequently, not that you should change your prescription with each variation, but that you may be better posted as to the conditions and frequently be in a position to anticipate and forestall complications.

A daily bath is enjoyed by many patients, but I do not consider it good practice to insist on it in every case, the shock might be too great for some. When the temperature rises to 102° and over sponging is very grateful to the patient as well as a help to reduce the temperature. Some people are strong enough to risk a tub bath with safety or sponging with cool water in the open air, but the old-fashioned method of sponging with tepid water under cover is in the majority of cases much to be preferred. The present day trained nurse needs to be watched in this particular, and when you order a bath under cover see to it that she does not translate "under cover" to mean the ceiling with all bed covering removed.

In efforts to reduce the temperature hæmorrhage of the bowels may be brought on by too much cooling of the surface, thereby driving more blood to the internal organs than they can handle. I remember one case of protracted high temperature in which I felt that hæmorrhages were induced by oft repeated sponging. As soon as I realized this the sponging was omitted, and we had very little further trouble with the bowels, and in due time the temperature came down to normal.

The mouth should be frequently cleansed, and a disinfectant used in order to keep the mucous membrane clean and moist, and, therefore, more agreeable to the patient and also to prevent the deposit of sordes. Solutions of Listerine, Glycerine, Boracic acid or Calendula are agreeable. I merely mention bed sores to say that they are unnecessary in the great majority of cases, and permissible in only a very few.

Much has been said and written as to the appropriate diet and, from my own experience, I consider that the ideal diet has not yet been discovered. I have starved, semi-starved and fed patients, and so far I have not been satisfied, but have considered each case as more or less of an experiment in this direction. There is one thing I have settled, and that is to give plenty of cold water, not waiting for the patient to ask for it, but frequently to call his attention to it and remind him that it is a good thing. From the old-fashioned toast water and gruels to milk, broths and the prepared predigested foods, there is frequently nothing inviting to choose Theoretically, broths and milk are excellent culture media, and are used as such in the laboratory, and, therefore, from a scientific standpoint should be excluded from the dietary. Depending on the strength of the patient I rely on milk, broths and the prepared foods, but I consider the diet as the weak point in the treatment.

Stimulants as brandy, whiskey, Glonoine and aromatic spirits of ammonia are a necessity at times, but except in emergencies, I have not seen much good results from their use. Occasionally the normal saline solution is of value. Tympanites may be helped by hot fomentations, cleansing the alimentary canal, and the pharmaceutical preparation called acetozone. While I have not seen all the benefits derived from it that have been claimed for it, yet I think it has been of some good, and I feel inclined to try it further before condemning it as worthless.

A great many physicians recommend the flushing of the colon, some with warm enemas, and some, as I read at the beginning of this paper, with Calomel, but with me, the enemas have not proven satisfactory except as an aid to removing tympanites and I have not used the Calomel in the doses suggested, so can say nothing regarding it.

The homœopathic remedy has done more for me than these methods, and, therefore, I would recommend it to your serious consideration. You ask me what is the homœopathic remedy, and I would answer the same medicines that we have studied in the old and new text-books, with the same indications that we tried so hard to learn in the old college days, and have proved in the days since we received our diplomas.

To these old well-proven medicines I would like to add one of the newer ones for your consideration in its appropriate place—the Echinacea.

It has been said so often that I really consider many believe it, that a good nurse is all that is needed in the care of typhoid fever.

True, there is always something to be done in the way of care and good, intelligent care at that, but a man's chances for recovery are greatly enhanced when to the knowledge and faithfulness of the best nurse obtainable are added the abilities and re-

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THE REMEDIES IN STOMACH DISEASES.

BY MACLAY LYON, M. D., KANSAS CITY, MO.,

Professor of Diseases of the Stomach and Intestines in Hahnemann Medical College.

In the consideration of the medicines in stomach diseases I shall discuss some of the remedies indicated in the various forms of gastric derangement met with by the general practitioner.

To begin, let us first put aside our old and true friend Nux vomica, and look for others; how often we prescribe it, when, through press of business or from sheer laziness, we make a hasty choice.

The familiar Anacardium symptoms of relief from eating has a twin, that of Psorinum. This patient, however, goes Anacardium one better, and eats in the middle of the night. Psorinum has another peculiar time of hunger, and that is at 11 A. M., which ranks it with Sulphur and Zincum. But Sulphur has so many symptoms differing from Psorinum that there should be little danger of confusing them. Zincum is that fidgety, hasty fellow who is hungry but cannot find anything which will agree with him.

A condition which is frequently met but which nevertheless is difficult to conquer is the "coffee stomach." Many patients are slow to admit that they use tea or coffee to excess, and they do not take your statement to this effect kindly. But the condition is there and it must be relieved. The principal symptom in these cases is usually "sour stomach."

Is it a case of hyperchlorhydria or fermentative dyspepsia?

For that condition of sour stomach which the laity relieves by taking bicarbonate of soda there are many remedies. Antimonium crudum has a craving for acids, yet everything disagrees and sour stomach results. Pulsatilla has an extremely sour condition of the stomach with eructations of undigested food, coated tongue, feeling of weight in the stomach, mournful view of life and amelioration from fresh air. This remedy gives a typical picture of simple acute gastritis.

Arsenicum craves both coffee and acids. Appetite is impaired and there are frequent "risings," which taste hot to the patient. There is burning in the stomach, œsophagus and throat, and the peculiar mental restlessness characteristic of the remedy.

Mercurius has a constant hunger not relieved by eating, while Rhus toxicodendron has a thirst which seems unquenchable. Stannum has a feeling of emptiness in the stomach, while Lycopodium has a fulness even upon ingestion of but a small portion.

Phosphorus has a sour stomach with eructations of foods in mouthfuls, and vomiting of water as soon as it becomes warm in the stomach. It also has a nausea from smell of cooking. Stannum is extremely sensitive, the patient vomiting upon even smelling cooking food.

In the fermentative conditions the homœopathic remedy can do much to relieve. I do not believe that anyone will make claim to a therapeutic value of bicarbonate of soda for the so-called "sour stomach" further than a palliative action. I believe much harm may result from its continued use.

Carbo vegetabilis and Lycopodium have been our standbys in these conditions. There are others.

Asafœtida has the symptom of the patient bringing up gas with the greatest difficulty. It comes with a loud report. The distension of the stomach under this remedy is not only painful but alarming.

Cinchona has much flatulence, and the patient obtains no relief from the belching of gas, while Carbo vegetabilis has temporary relief. Another remedy having much gas which distresses the patient is Argentum nitricum. There are nausea, retching and vomiting of glairy mucus. This remedy is one of the leaders in simple acute gastritis.

And let me say just here that we encounter this disease more often than is supposed. Too often are the typical symptoms overlooked and the condition passed over merely as "a spell of indigestion" or as dependent upon other derangement in the system. Thus we blame the indicated remedy when the patient does not respond quickly. The diet should be looked after. Let us consider a few of the leading symptoms of simple acute gastritis which may aid in a homœopathic prescription.

No actual pain, perhaps, but an indescribable feeling of distress; a fulness after eating with more or less formation of gas which is or is not relieved by belching; regurgitation of food and glairy mucus, tasting sweetish, or sour, or bitter; a dull frontal headache with or without congestion of eyes, with ptosis, soreness of eyeballs, and pain on moving them; inability to collect the thoughts, indifference, aversion to any kind of exertion; loss of appetite or craving for certain articles which agree or do not agree, abhorrence of food, nausea or vomiting, hiccough; relief or aggravation from sitting up, lying down, keeping quiet or moving about and so on, ad infinitum.

It will be seen that the symptoms of this disease correspond closely with many of the remedies.

The modalities are, as we all know, most important. For instance, in the direction of the pain there is a nice distinction; Oxalic acid has a burning pain which moves upward, Cinchona has a pain shooting across the hypogastrium, and the Aloe socotrina pain goes downward.

Much can be accomplished in curing digestive disorders, and even pathological gastric lesions by the proper exhibition of the indicated homœopathic remedy. And, too, great relief can be obtained in a palliative way in those hopeless conditions of carcinoma, and tuberculosis of the stomach.

My plea is for homœopathic prescribing and accurate diagnosis.

Knives May Be Sterilized

Perfectly, says Oppenheimer, by exposure for a time to formaldehyde vapor. We have been in the habit of doing this for years, by placing them for an hour or two in the Schering formalin sterilizer and volatilizing in it paraform. Oppenheimer recommends washing out the external meatus with 1:5000 formalin in the preparation for the mastoid operation.

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Rhinology.

HAY FEVER.

BY DEAN W. MYERS, M. D., GRAND RAPIDS, MICH.

Of all diseases in the category of medicine, for which a specific would be more than welcome, hay fever comes near heading the list. Yet, ever since the time of our ancient forefathers, when Pliny said that "a cold is checked if anyone will kiss the nostrils of a mule," each generation, yes, almost each decade has brought its new theories and its new treatments, all to the same effect, while the poor, suffering patients continue to suffer and hay fever "goes on for ever and forever." There are, however, some redeeming features in connection with the handling and relief of hay fever patients.

Surgery.

Intranasal surgery has cured many cases and will cure many more when the condition calling for surgery is recognized, and this form of treatment is submitted to by the patient. Many times the disease is induced entirely by the irritation caused from pressure of a turbinal, polypus or septal spur, the removal of which will bring immediate relief. Then, too, the presence of adenoid tissue or hypertrophied tonsils may keep the nasal mucous membrane in the properly sensitive state for the reception of the causative element, whatever that may be. These causes are old to every physician, but should never be overlooked, and where present should be removed.

Antitoxin.

Professor Dunbar, of the Hygienic Institute at Hamburg, Germany, has made some extensive experiments which have apparently been verified by several others, both in Germany and this country. The antitoxin is prepared by passing through the horse a toxin extracted from the pollen of various plants, grains, grasses, etc., such as rye, wheat, barley, ragweed, golden rod, asters, chrysanthemums, etc. Extracting from Dr. A. Luebbert's report of the work of the Institute we have the following: From the pure active pollens a protein-like substance has been isolated according to the direction of Prof. Dunbar by precipitation with salt and alcohol. This substance is highly toxic when applied to patients susceptible to hay fever, but indifferent in its action to persons not predisposed to the same. This poison has been examined chemically by Kammann, who arrived at the following conclusions:

1. The hay fever poison belongs to the toxalbumins.
2. It is thermostable.
3. The toxin is stable towards acids, but very sensitive toward alkalis.
4. Enzymes, such as pepsin and trypsin, do not destroy it entirely.
5. By the complete saturation of its solutions with ammonium sulphate it is precipitated.

The symptoms produced by the toxin in patients subject to hay fever are said to vary according to the place of application. Conjunctival applications of the poison produced itching, lachrymation, photophobia and injection into the limbus and conjunctiva even to chemosis. Nasal applications caused sneezing, profuse secretion, reddening and swelling of the mucous membrane to the extent of rendering discharge impossible. Aspiration of the toxin, when brought about accidentally while weighing the substance, produced a desire to cough, with difficult exhalation and stridor. Rubbed into the skin intense itching resulted, accompanied by local erythema and rash. Injected subcutaneously all of the above symptoms were produced; sternentation, nasal hypersecretion, asthma, urticaria over the entire body accompanied by palpitation of the heart, a rapid and very feeble pulse, dyspnœa and marked cyanosis. The poison, therefore, appears to excite primarily the vasodilatory and secretory nerve fibres.

The report includes the citation of a number of cases treated with the antitoxin with apparently excellent results. Out of five hundred clinical cases it is said that nearly sixty per cent. were absolutely relieved, about twenty-eight per cent. partially relieved, and twelve per cent. in which the treatment was apparently unsuccessful.

The antitoxin is prepared both in liquid and powder form, and is applied to the conjunctiva and nasal mucous membrane. Great stress is placed upon the early application for its prophylactic effect. During an attack it seems best applied before rising in the morning, and about an hour before retiring at night.

Homœopathic Medication.

That there are many remedies in our materia medica curative to this disease I am convinced beyond a doubt. That a more thorough study of the individual characteristics of each case and a little more thought in the selection of the similar remedy will result in not altogether infrequent surprises to the physician and great relief to the patient I am also convinced. A few of the remedies which I have used are as follows: Ipecacuanha, Arsenicum, Camphor, Kali bichromicum, are useful remedies, and their indications are too well known to need reviewing here, as also are those of Pulsatilla, Tartar emetic, Gelsemium, and many others. I wish especially to speak of the following remedies and their indications:

Ailanthus glandulosa—The Tree of Heaven.

This remedy is suited to nervous, sensitive persons. Stout, robust and of bilious temperament. It corresponds to conditions characterized by dark, purplish appearance of the skin with enlarged and sensitive parotid glands. The attacks are characterized by fulness of the head, heat, burning pains, darting in the temples, vertigo and nausea. The symptoms of this drug are found to return annually in many instances.

A feeling of fulness everywhere, and a sensation of the passage of an electric current from head into limbs are prominent among its provings. A constant frontal headache of a neuralgic character or a paroxysmal headache with drowsiness during the day. The throat is severely affected, thick, œdematous, dry, choky feeling. Feels rough and scrapy,

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and is worse in the morning. From the nose there is a thin, copious ichorous and sometimes bloody discharge, a coryza with rawness in the nostrils, sneezing and loss of smell. The opposite may be true, and the nose dry with suppressed secretion.

The respiratory organs may be deeply affected, producing hurried, heavy and irregular breathing. A deep, dry, hacking cough that exhausts the patient. It may come in violent fits, before retiring or on rising, and last until sputum is raised. The sputum is apt to be blood mixed, and is yellow and bitter. Stitching and aching in the chest with sore, tender feeling in the lungs. Chest feels strapped or as if the air cells stuck together.

The remedy is especialy useful in the low adynamic conditions where prostration, dullness, stupidity and a cold, dry skin are prominent symptoms.

Ambrosia artemisiæfolia.

The common ragweed has been found useful in some cases of hay fever. It is unfortunate that we have not a better proving of this remedy. There can be no doubt that it plays an important part as an etiological factor in this disease, and were it carefully proven, would prove of great value in the relief of the condition.

Arundo mauritanica.

An Italian grass. This remedy also lacks sufficient proving. It has been found useful in catarrhal conditions with excoriations. There is pain at the root of the nose, coryza with snuffling, and in one case of hay fever which it relieved, the symptoms begin with "burning and itching of the palate and conjunctiva." In the beginning water runs from the nose, later becoming thick, white, slimy and even green masses being discharged. Sneezing, burning and itching of the palate and thirst are prominent among its symptoms. A catarrhal cough with expectoration of alternate bluish and white mucus is present. After expectoration there is a bruised feeling in the pit of the throat, and after the cough there is burning in the epigastrium. An accumulation of mucus in the bronchi causes anxiety.

A case cured by Dr. R. F. Rabe, of Hoboken, N. Y., the following symptoms led to its use: Itching of the roof of the month, bland, watery discharge from the nose, itching of the inner canthi, frequent sneezing, worse from a draught of air, nose feels stopped; general aggravation toward evening.

The potencies were from the 30th decimal to Swan's cm.; best results apparently coming from the higher.

Aralia racemosa.

The American spikenard has been used in cases of hay asthma which are characterized by dry, wheezing respiration with a sense of impending suffocation; whistling worse during inspiration; patient must sit up to get his breath. Spasmodic cough at night, tickling in the throat associated with constriction of the chest; has to sit up and cough violently, sometimes caused by a feeling of a foreign body in the throat. Sputum at the acme of the asthma is scanty, then increased, warm and saltish. There is usually a raw, burning, sore feeling behind the whole length of the sternum and in each lung.

Cyclamen.

This remedy will be found useful in chlorotic young women, who also suffer from digestive disturbances. Anæmia with constant chilliness and dread of fresh air. The patient will be ill-humored and morose. Depression and weeping with menstrual disorders. Burning of the eyes and swelling of the lids. Frequent sneezing and yellowish discharge from the nose. Perverted taste with increased flow of saliva. Asthmatic symptoms are often present with violent suffocative attacks of coughing, especially at night. Palpitation in the evening. Great weakness and prostration, enervation of the entire body with marked restlessness at night complete the picture of a remedy that is too often overlooked.

Ferrum phosphoricum

Cured one case for me in an anæmic young woman who suffered from menstrual disturbances, prostration and great dryness of the nose and throat. There was almost constant sneezing from a violent itching sensation in the nasal passages which could not be controlled in any way by local treatment.

Euphorbium.

Gum euphorbium, the resinous exudation or juice of euphorbia resinifera, a cactus-like plant of Morocco, is one of the remedies of Hahnemann's chronic diseases. It produces gastro-intestinal iritation and all degrees of iritation of the skin. It also affects the eyes, teeth and bones. Burning pains in the bones, burning in the throat as from a hot coal, burning in the middle of the chest as if hot food had been swallowed, all aggravated by heat and ameliorated by cold applications. Itching and dryness of the eyelids and canthi, smarting lachrymation and nocturnal agglutination of the lids. A suffocating itching in the nose, extending to the brain, with abundant flow of mucus from the posterior nares and frequent sneezing. Dryness of the mouth without thirst. Saliva tastes salty. There is a dry, hollow cough excited by a burning, tickling in the trachea and the chest. The attacks of violent cough commence as soon as the patient touches the pillow and continue as long as she remains in bed. Great relaxation and lassitude. The majority of the symptoms are worse during repose. Gnawing sensations, burning and itching, especially the burning as from a hot coal, are characteristic of this drug.

Urtica urens.

The small stinging nettle. This is a remedy that will pay any Homœopath to study and study well. I was first led to use it in hay fever in a patient presenting, in addition to the periodical attacks of this disease, well defined and periodical attacks of urticaria. She had suffered many years from good old-fashioned hives, but had never thought of it having anything to do with her hay fever. She was an anæmic woman and suffered greatly from dry burning and itching all over the body and a small, fine eruption. There was great burning and itching in the nose and throat with a thin, watery discharge from the nose; the eyes were also affected, burning, smarting and considerably inflamed.

This remedy will be found valuable in persons of gouty diathesis. Its use in gravel and urinary affec-

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tions seems to be very old. In John Henry Clarke's new Materia Medica we find the following quotation: "Being eaten as Dioscorides saith, boiled with periwinkles, it maketh the body soluble, doing it by a kind of cleansing faculty. it also provoketh urine and expelleth stones out of the kidneys; being boiled with barley cream it is thought to bring up tough humors that stick in the chest." Gerarde, from whom the quotation is taken, mentions these other uses: (1) The juice inserted into the nostrils stops nose bleed, it is "good against inflammation of the uvula." (2) Pleurisy, pneumonia, whooping cough. (3) Antidote to hemlock, mushrooms, quicksilver, henbane, serpents and scorpions. (4) Burning, stinging, itching and soreness are the principal pains. Burning in the skin is worse after sleep and also from the application of water. Symptoms return at the same time every year. [Michigan Hom. Society.]

THERAPEUTICS OF HAY FEVER.

BY E. D. BROOKS, M. D., ANN ARBOR, MICH.

Those of our number who fondly dream that Homœopathy has a monoply of the internal remedies for hay fever may be rudely shocked by the information that the allopathic Philistine has plowed with our homœopathic text-book heifer and "discovered" (again) that Arsenicum in minute doses is some times curative of the aforementioned affliction, about one two-hundredth of a grain at a dose, or tablet triturates of Potassium arsenite. Also the same allopaths have dared to draw so near to the law of similars as to recommend and employ an extract of golden rod and of ragweed, both in flower, both as a preventive of an attack and as a curative. The isopathists will do well to look to their laurels. Shades of Hahnemann, Burnett and others! What next will they do who are groping in the darkness for therapeutic truth and refusing to use (except surreptitiously and without acknowledging their obligation) our homœopathic torch?

However, since they are setting their hen on homœopathic eggs let's be careful not to frighten her off. She may hatch out the real thing.

Since the allopaths have tried and found wanting everything under the sun but the similar remedy, it is worse than folly for us to forsake our law and go longing after the flesh pots of palliative or antipathic medicines. We certainly can excel the allopaths in the use of our own remedies, so let us take stock and see what we have with which to combat this fashionable ailment. Since but a very small percentage of humanity is susceptible to the influences, whatever they are, which produce this phenomenon there must be in the susceptible ones some idiosynocrasy which renders them open to the attacks to which others are immune. This may be, probably is, closely related to, if not the thing itself, the peculiar habit of constitution termed scrofula or struma, whatever that may be, generally accepted to be a lowered power of resistance to extraneous evil influences, resident in the cells of the body. Working upon that supposition or theory, Dr. H. C. Allen and others make use of so-called antipsorics, notably, Psorinum, in combating the tendency to hay fever. And who can say such is not good treatment, since evidences are not lacking of its efficacy? Hughes relied largely upon Arsenicum album, with possibly Sabadilla if liable to hæmorrhoids, and Ipecac if the attacks are largely asthmatic in character.

Nash speaks only of Lachesis, having had personal experience of its efficacy, guided to its selection by the aggravation of its symptoms, especially of sneezing after sleep.

In passing, it may be in place to observe that in this ailment, as in all others, the symptoms of the remedy must correspond closely to those of the patient, and don't blame Homœopathy for failure to cure with a remedy not homœopathic to the case.

Raue names nearly forty remedies, and gives indications for only four; Naja for troubles remaining after sneezing and asthma are relieved: Arum maculatum for throat troubles; Euphorbia officinalis when eyes water; Naphthaline where asthmatic symptoms predominate.

Of the numerous other authors, both old and new, consulted, preference is given to Arsenicum for the asthmatic symptoms, with prostration, anxiety, fear of death, inability to lie down, thirst with inability to drink cold water, excoriating discharges from eyes and nose; in short, the clinical picture of a typical Arsenicum case; Ipecac is preferred if the spasmodic element predominates, with much rattling of mucus in chest and constant nausea; Cuprum is also mentioned if Ipecac fails to relieve the spasm of the smaller bronchi; Nux vomica if its peculiar constipation and morning aggravation are present; Sulphur for its well known power to rouse the reactive forces, as well as for its own peculiar train of symptoms too well known to need repetition here.

Personally, I have been satisfied in the few cases which have come under my care, with Arsenicum iodatum in the 4x potency, as covering the symptoms more fully than the white arsenic, as sneezing, acrid lachrymation and watery coryza also acrid, with the inability to assume the horizontal position without the marked fear of death and characteristic thirst so common in Arsenicum album. I own, however, that I could not refrain from giving a few doses of Psorinum, due to my early teaching under Dr. H. C. Allen. My percentage of successes I am too modest to mention, but will say that it is highly satisfactory to both physician and patients. Where predisposing causes in the body could be discovered and removed I have not neglected that part of the treatment, but have had, in addition, and principally, to rely upon the nternal remedy. Under the head of adjuvants I wish to mention that the continuous use of Adrenalin chloride or similar preparation, contributes greatly to the comfort of the patient if there is much stoppage of the nose or swelling of mucous or submucous tissue, but it is not the province of this paper to discuss other means than the homœopathic remedy. [Michigan Hom. Society.]

Severe and Repeated Headaches

May be due to the unsuspected presence of otitis media, with or without mastoiditis.

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Materia Medica.

MALARIA OFFICINALIS.

BY HARLEY N. BAKER, M. D., GRAND RAPIDS, MICH.

The following is an abstract of a paper on this peculiar remedy, by Dr. G. W. Bowen, of Fort Wayne, Indiana, that appeared in the Transactions of the Indiana Institute of Homœopathy, 1895:

"In the summer of 1862 vegetable matter of different forms was decomposed in my office, in glass jars, and malaria was freely generated. Persons were hired to inhale the gas evolved in its different stages of decomposition, and a careful observation of its effects on them was made that gave me a clue to its future use, and the only reliable guide for combating its effect acquired naturally.

"Not only did the gaseous form demonstrate, but subsequent use of the liquid product proved it capable of producing not only the three leading types that the past years had made me conversant with, but also others of a minor grade yet of unsuspected parentage.

"The decomposition of the vegetable matter passed through three stages or degrees. The first gave off gases freely, yet of not so offensive odor as later. After ten days or two weeks the expense of securing inhalers was more than double, even for one moment of time. After three or four weeks not much gas was generated, for it seemed only capable of lying still and sending its fearful odor heavenward. Inhalation of the gases evolved pro duced for the first week or ten days a headache, nausea, distress in the stomach, coated the tongue white, and this, in from one to two hours time, generally, and, then, if not carried too far, would pass off in two or three days. Inhalations after ten days or two weeks did not produce results in less than twelve or twenty-four hours, according to time and amount inhaled, then there was fearful headache, nausea, aversion to food, distress through the hypochondriac region, first in the spleen, the liver and stomach, and on the third day chills that would doubtless have continued on indefinitely if not interfered with. After decomposition had gone on for three or four weeks it was ascetic and simply fœtid to a fearful degree, and no results except nausea were apparent in any one exposed to it in less than three or four days; the first was extreme lassitude and loss of appetite and apparently a continued fever, with an unlimited amount of pains and aches and a lassitude that limited locomotion.

"Three vials of the watery solution were saved, one each from the various stages of decomposition, and from these an attempt was made to make provings, and find out what were the reliable antidotes to them, and thus be able to cope with my invisible foe in my daily avocation.

Their provings were not carried far enough nor continued long enough to be justified in placing them in our materia medica, but are ample to aid and guide the future steps that ought to be taken. Its discontinuance was rendered rather necessary by my enthusiasm that led too far in a few cases, but the antidotal effects of certain medicines amply compensated me for my financial and reputational loss. Bilious colic, nausea, cramps, diarrhœa and headache were readily secured from a few drops of the first vial in many cases, while the second vial gave me a large number of cases where the liver, spleen, stomach and kidneys were apparently seriously involved, and not them alone, but fair types of intermittent fever with its attendant shakes, some daily, some tertian. With the third vial trouble came, as it did reduce many that had been able to be up and around to their beds, and unmistakably caused them to get worse, and caused them to degenerate into a typhoid or semi-paralytic condition. In a few cases I was deprived the liberty of finding my antidote and helping them out of the dilemma."

He was disappointed in Eupatorium perfoliatum as an antidote for the malarial poison, and found the following best:

"For the first or primitive effects the remedies that did act most promptly and effectually were Nux vomica and Bryonia, thus calling to mind the effect of these remedies that experience had led me to use in the attacks that come in the summer that are usually designated as of a bilious nature. In the secondary form, or where my malaria seemed to be the result of the decomposition of the material or vegetable fiber, its effect was more permeating, as different symptoms were developed by it, then a change of remedies (or chemical antidotes) became necessary, and far the best results were secured by the use of Bryonia and Arsenicum; China did not act well or give any reasonable satisfaction. Later experience gives ample satisfactory proof of the use of Arsenicum in all types of an intermittent nature, yet not to discredit the fact that other remedies can and will cure this form, but that a pernicious case can, or will be, as readily restored by any other remedy, I reserve to myself the liberty to doubt. Opportunities and time have demonstrated that these two remedies are able to restore the system and remedy a majority of the diseases that are wont to make their advent in early autumn or late in the spring. Later, after the total decomposition of my vegetable matter had taken place, and it almost seemed to possess demoniacal potency or power to undermine the humblest human form, then to my surprise Bryonia seemed to hold prestige and give splendid results, but needed a different assistant, one that could and would permeate the muscular system yet slowly, and for this Rhus toxicodendron was called into requisition, and from that day to this it has not been the means of causing me a single disappointment. Many years of observation have demonstrated one more important fact in relation to the means that will render the system less liable to its absorption, at least to that extent that it will give evidence of its presence, and that is by the liberal use of coffee."

The following experiment, as reported by Dr. Bowen, is strangely confirmatory of the speculation advanced by several old physicians, that consumptives are benefited or even cured by being exposed to malaria, as over thirty years ago Dr. C. Hering made the suggestion, with a possible hint,

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as to the use of this remedy in tuberculosis, from remarks recorded in the Homœopathic Review, by Dr. Casanova. He said: "I know several localities in South America, Africa and Spain where the marsh miasma has unquestionably arrested and cured that ratal scourge of the human race, phthisis pulmonalis, without any other treatment or restriction in food or drink." This case of Dr. Bowen's was "A lady, the last of a family of five, all others had died of consumption, and three in her preceding generation of the same disease. I doubted the probability of saving her, yet, theoretically, decided that as the primitive action of malaria was first the spleen, next the liver and stomach, that I would develop an artificial or drug disease there, in hopes that her chest would be relieved and doubtless benefited. She was given the tincture from the second vial, and on the fifth day she had a fairly perceptible chill, and a harder one the sixth and seventh. On the eighth I saw her shake for one hour, and her fever lasted over six hours. Out of pity my drug was neutralized, and her health was restored, with no more cough, distress in her lungs or heart. She was cured of her tendency and certainty of dying with consumption She remained well for twelve years when she was lost to my call."

In 1897 Dr. Bowen sent the following to the Homœopathic Recorder:

"Messrs. Boericke & Tafel prepared me a new supply of Malaria officinalis, and I have used so far only one form of it and in one attenuation. It was prepared in three degrees of strength. No. 1 is the water that stood on decomposed vegetable matter for one week at a temperature of 90 degrees; No. 2 is the water that decomposed vegetable matter for two weeks; No. 3 is the water that decomposed vegetable matter three weeks, and it is fearfully offensive. I have only used the No. 2, or that that had only partially decomposed the vegetable fibers. In preparing it for use I put ten drops of the water to ninety drops of alcohol, and then medicated my pellets, No. 30; it does not soften them up. This is the only form I have used it in, and give from three to ten of these pills for a dose, two, three or four hours apart."

Among others, the following cases were reported by Dr. Bowen in the year 1897:

"Case 1. Mr. S., foreman in a large saw mill, has been afflicted with rheumatism for years. He came to me in April with a stiff neck and his right arm and shoulder helpless and painful. He wished me to keep it from his chest and heart. I gave him two drams, No. 30 pellets, first decimal, and a vial of neutral globules, with orders to take two hours apart, changing when better to three hours apart. In three days he was better and could turn his neck and use his arm fairly well. One week later gave him two drams more to be taken six hours apart. He has not had any rheumatic trouble since that time.

"Case 2. Mr. C., proprietor of two large saw mills, one in Arkansas, where he passes most of his time (and frequently gets wet), has been afflicted with what some doctors called gout. I found it was of a rheumatic nature (caused by malaria), made worse by quinine and external applications. I gave him Malaria officinalis, two drams, No. 30 pills. In three days he assured me he was better, and did not have half as many pains or aches. He took only four drams at from three to six hours apart. He has not had any rheumatism or gouty pains since, and says he is fully ten years younger than he was last spring.

"Case 3. I was called to see I. S., aged 55, a veteran and pensioner of the late war. He was poor and bronzed in color, had not been able to walk for years. After repairing his heart, chest, stomach, curing his piles and regulating his bowels he was content, yet he could not walk, being assured that his back had been injured in the army. His limbs would not move at his will, and he could not walk alone nor get out of a chair. I gave him for a week Ruta graveolens and Rhus toxicodendron, of each, the first centesimal, three hours apart; this enabled him to get up and down two steps alone to the kitchen. Then concluding his trouble was due to rheumatism, and that was caused by malaria, I gave him two drams of No. 30 pellets, of No. 2 Malaria officinalis 1x, with orders to take ten pills three or four hours apart. In one week he rode to my house and came up and down steps alone. I gave two drams more, and in five days he came to my office, having walked nearly three miles that morning alone. I need not say I was deeply surprised, and could hardly believe it was due to malaria; it certainly was, as nothing else was taken or applied. He gained flesh and seemed to be at least ten years younger. These are a few of the surprising results that have been obtained from Malaria officinalis this year. I much wish that others would try it and help to obtain its proper place as a medicine and healer when used where it should be given."

The year following Dr. W. A. Yingling, of Emporia, Kans., contributed the following in the Homœopathic Recorder:

"On the day I received from Boericke & Tafel Malaria officinalis, I foolishly was led to try Hahnemann's inhalation. The thought just occurred to me on the spur of the moment, and without stopping to think. I took three strong inhalations with both sorrow and a proving resulting. None of the symptoms were distressing, yet marked and clear cut. I have no doubt had I repeated the inhalations several times I should have been very sick. It is not necessary to push a proving to extremes; I think Hahnemann did not, as a rule. If I were stronger I would push this proving, but I dare not. Who will take it up?"

I shall give but a few of these provings by Dr. Yingling, and would refer you to "New, Old and Forgotten Remedies," by Anshutz, for the complete provings by him. For a full and complete proving of this strange remedy I would cite you to "A Dictionary of Practical Materia Medica," by John Henry Clark, London, 1902.

Dr. Yingling says: "The remedy commenced its work very promptly. Chilly sensation in left forearm soon following by chilly feeling in hands and fingers, feet cold with sensation as if chilliness was about to creep up the legs. Knees feel cold. A

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sense of coldness ascending over body from legs. Arms feel tired. Belching several times, easy, no taste. Neck feels tired, with slight cracking in upper part on moving the head. Shallow breathing which seems from languor, with a desire to take a deep inspiration occasionally. A general sense of weariness. Feeling rather stupid and sleepy. Face feels warm as if flushed, also head, becomes general over body, as if feverish. Legs very weary from short walk. General sense of weariness from short walk, especially through the pelvis, sacral region and upper thighs. Qualmishness at stomach as though I should become nauseated. General sense of malaise. Felt impelled to lie down. Gaping, yawning and desire to stretch. Dizziness on rising from a reclining position. A good night's rest following and have felt much brighter and generally better ever since the first day. (Healing.)"

This remedy you will notice belongs to the same order of remedies as Pyrogen, product of decaying animal tissue. In relation to other remedies. Compare: Spleen, Ceanothus Americanus; liver, Bryonia, Lycopodium, Cholesterinum, Chelidonium; pain under right scapula, Chelidonium; effects of damp and wetting, Lemna minor, Dulcamara; half minute gun cough, Corallium rubrum, Coccus cacti; aggravation after urinating, Lithium, Jaborandi; intermittents, Ipecacuanha, Natrum muriaticum, etc.

After looking up this remedy I think I have made a slight proving. I will give it you and you may take it for what it's worth. I have in my office a large fish aquarium, and as I have had some trouble to find or rather grow aquarium plants I am always willing to try the latest suggestions as to new ones. Some one told me that the plant known as the wandering Jew would grow and do nicely. Early in January last I planted a lot of it in the sand in the bottom of the aquarium, letting the stocks and leaves float on the surface of the water. About two weeks later I noticed that the lower two sections of the stocks were rotting, so taking a pair of long scissors I clipped off the decayed portions, removing them with a pair of dressing forceps, putting them in my left hand until all were removed, some ten or more stocks. On the way to the waste paper basket I in some way caught the odor from them, and as it was peculiar, I put my hand up to the nose and took a good, deep inhalation of it, was not satisfied so took another; the odor was frightfully offensive, and at the same time peculiar, is the only reason I can give for my taking the second inhalation. I think it was the second day, not later than the third. I called on Dr. Marvin for a prescription, as I had been suffering from a looseness of the bowels for some little time previous. I saw the doctor in the morning about 11 o'clock, in the afternoon about 3 o'clock I was sick, sick all over, nauseated, pain in the right hypochondriac, headache (it was intense), and so tired; oh! so tired. In about one hour I had the worst chill I ever had; so cold could not get warm, I sat over the register until the flesh was blistered on my legs, but could not get warm. Went to bed in the chill, which lasted two or two and one-half hours, which was followed by a fever reaching 103° F. Slept good that night. In the meantime my wife had 'phoned Dr. M., telling him how I was doing; he told her what to give me. What it was I do not know. In the morning that same deathly, sick feeling, nausea with what I thought was a bad cold and cort throat; temperature 101° F. A slight chill in the afternoon followed by fever; temperature 102° F. After three days in bed was up, but so tired; oh! so tired. Took China two days at the suggestion of Dr. M., with no results, then the Dr. gave me something and I was all right in a few days. The Dr. does not remember what he gave me. I think my trouble was caused by the inhalations of the decomposed vegetable matter. I should never have associated the fact with my sickness if this remedy had not been called to my attention.

In the latter part of December last my little daughter, five and one-half years old, was taken with what I thought was a bad cold and sore thrat, she was pale and weak, feverish, some coryza, and generally sick. The throat did not improve, but grew worse in spite of treatment; after five or six days the soreness mostly left, but the glands were badly swollen on the left side of the neck; she also complained of chilly feelings, mostly in the P. M. With a capricious appetite, restless sleep, was peevish and languid. As she did not improve under my care, I took her to see Dr. Ruffe. Under his suggestions we gave her Cina, Mercurius vivus, Lycopodium, Hepar sulphur and Sulphur. She did not improve, chills now marked and fever high, reaching 104°F. some days; the glands of the neck were now stony hard, as large as a small orange, throat sore. I now gave Qninine, one grain doses two hours apart, four doses in all. Chill and fever stopped, glands still stony hard, but the child did well for a week. Then came back the chills and fever harder than ever, also the glands on the right side of the neck began to swell and were hard. For three days I gave nothing, then, on meeting Dr. M. I asked him what to give to break up chills and fever in general. "He said malaria." I answered yes, that is what I have got, you did not understand me. I want to stop it. His answer was give "Malaria." As I had never heard of the remedy I asked him what it was, and did he have some. Yes, he had some; did not know much about it, but had read something about it and had got a bottle. I took his bottle, B. & T.'s, No. 2, 3x. I found a little about it in the American Homœopathist, 1898. Gave my little girl 10 drops in four ounces of water, teaspoonful doses, first day, six; second day, four; third day, two. On the third day the glands of the neck were soft and reduced one-half; on the seventh day they were all gone, no chills after the second day, has had none since; the fever hung on for a few days, appetite restored and child much better than for months. For this bad half hour you have spent in listening to this paper you are to blame Dr. Myers, because he insisted that I write something on Malaria officinalis. Two weeks ago I did not know that there was anything published on this remedy. I have found what facts I have here given you since that time as noted above.

35 W. Bridge Street.

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March 15, 1906.

This paper was written to be read at last month's meeting; as I was unable to be present it was carried over, and I have this one more clinical experiment to give you.

Mr. B., a veteran of the war of 1861, age 65 years, weight 240 pounds; was called on March 10 to attend a case of colic, on account of the intense pain did not get much history until the next day, when I found that in the year 1862 he was very sick with malarial fever, and was given large doses of Quinine; in fact, he was given so much and in such large doses that his captain interfered, and told the surgeon not to give any more; on his recovery he was left with chronic army dysentery, which stayed with him ever since. I gave him Malaria officinalis, 3x, two drams No. 30 pellets, six pills twice a day. Much to my surprise he came into the office last Monday and wanted some more of those little pills. He said, "I have suffered for over forty years with chronic dysentery and never in my memory have I had a normal stool during that time until I took those little pills; now my stools are normal, and I feel better than I have for years; my rheumatism is better, and I am better all over." I gave him two drams more to be taken at bed time. Will be pleased to report later.

The following is the last that Dr. Brown has reported on this strange remedy. This was read before the Ind. Institute of Homœopathy, May 7, 1904. [Read before the West Michigan Homœopathic Medical Society, April 18, 1906.]

Psychology.

THE PSYCHOLOGIC ENTITY IN MEDICINE.*

BY L. E. WHITNEY, M. D., CARTHAGE, MO.

Two thousand years ago there appeared upon the shores of Galilee a man who was the bearer of a new yet surprisingly beautiful and tender message. He was modest in manner, convincing in character, and the truth of His doctrine was attested by many marvelous works. But because the tenets thereof differed from those of the established belief, and He declined to confirm them by a presentation of material proof. His claims were denied, He was laughed to scorn, and condemned to a felon's death.

Three centuries aback an enthusiastic student boldly proclaimed to the world that the earth, instead of being stationary, is a movable and constantly moving body; but after closely watching it for a time, during which it was never caught outside of its usual and proper place, his compeers pronounced his declaration false, denounced him as too dangerous an individual for them to associate with, and cast him into a dungeon's cell.

A hundred years in the past a fearless friend of truth presented a new and practical theory of the action of drugs, but because it did not correspond to the teachings of the fathers, and was beyond the comprehension of the mental pygmies in authority, it was refused consideration, its demonstrated achievements ignored, and its founder and his followers subjected to ceaseless mockery and persecution.

Thus, since earth's inchoate era, as new truths have followed each other in endless succession, each alike has been compelled to establish its right to an abiding place against the blighting barriers of ridicule, and the handicap to research afforded by wilfully ignorant prejudice.

At the door of the healing art there stands one knocking to-day, and, by the token of masterful works, demanding admission. He is no stranger there, but because medicine is in authority, and is, as usual, jealous of any element which may endanger its supremacy, he is receiving but meagre hospitality.

Throughout all ages, including the present one, the victories of psychicism over disease have been both frequent and phenomenal, but though each member of the profession is covertly beckoning it, and secretly hoping for its aid, instead of openly acknowledging its right to public recognition and boldly joining forces with it against the common enemy, it is still being ignored, shut out and treated with contempt.

But truth is patient in waiting and marvelously tenacious to life, hence it is not surprising to see this element surely forging forward and becoming an active, undeniable healing power.

Under the names of Christian science, mental healing, osteopathy, etc., it is carrying comfort to many disease beclouded homes to-day, where yesterday medicine was looked upon as the only source of salvation.

Moreover, it is unfurling the flag of hope and contentment over many a heart heretofore veiled in the sombre colors of discouragement and woe, for it alone can signal back a cheering affirmative to Macbeth's pathetic query, "Canst thou not minister to a mind diseased?"

But what of the attitude of the medical profession toward this force, which, day by day, is proving a willing and worthy adjunct to the efforts made in restraint of the onward march of human ills?

While pretending to scorn the assertion that denying a condition will drive it out of existence, we apply an identical practice to this psychic force, which is depended upon for such action.

While witnessing its entrance into doors through which we were wont to pass, and hearing of its carrying relief for which we have been asked in vain, instead of welcoming it as a power capable of enlarging the scope of our usefulness, we are content to play the role of the proverbial dog in the manger, neither making use of it ourselves nor acknowledging the propriety of others doing so.

And why is this so true? We cannot deny the potency of mental action over the functions of the material organism, for not one of us will disavow its ability to either primarily cause a disease, or when adversely employed, to negative the most skillful efforts toward the elimination of the same.

*Read before the Missouri Institute of Homœopathy at St. Louis, April 25, 1906.

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We will not disown a measure of confidence in its efficacy as expressed by the trust of our patient, and a willing reliance upon the skill being exercised in his behalf. Neither can anyone estimate the relative proportion of the curative action of his prescription that may be credited to its power.

Indeed, when one recalls the many instances in which relief results from a prescription composed wholly of some inert substances, or acknowledges the frequency with which he has found a most efficacious remedy in some placebo supplemented by an assurance of speedy improvement, he is disposed to wonder if it may not be true that a much larger part of the result of his prescribing is due to the mental stimulus accompanying it than to the material agent employed therein. Says Omar Khayyam, "A hair, perhaps, divides the false and true," and in our employment of potentized drugs the breadth of a hair may mark the line, as line there must be somewhere between the massive dose and the many millionth dilution, no one knowing how near to the one extreme, or how close to the other it may be drawn, where medicine retires from activity and the mind takes entire command of the healing process.

Is our indifference to this power because of a sense of sufficiency and consequent security without it? Then why do we permit our most intelligent patrons to leave us by scores and hundreds, claiming that in this agency they find superior virtue?

Is it because we believe disease to be a material entity that is only to be routed by material means? Then why are we unable to find a stable cause for it, or essay to combat it with remedies attenuated indefinitely beyond the possibility of physical demonstration?

Is it not rather a recognized fact that medicine to-day is tinctured through and through with pessimism, and such doubt, having reached the laity, is the cause of the present popular unrest, and the growing favor of the numerous systems of drugless cure?

But is it indicative of wisdom to longer ignore a power which is rapidly crowding us to the wall, or chivalrous to sneer at a force which is threatening our defeat? Would it not be wiser for the medical profession to release itself from the thralldom of prejudice and bigotry, recognize the virtue of this entity, familiarize ourselves with its methods and make of it a valued ally instead of an embarrassing antagonist?

But while willingly acknowledging that these various systems of psychic healing have an underlying foundation of truth—and, moreover, that they are sometimes successful where medicine fails—it does not follow that they possess the sum total of it, and are, therefore, complete and sufficient within themselves to cope with all manner of diseases.

Conceding that the abdominal torture of a certain patient is promptly remedied by manipulating certain spinal vertebræ, cannot be taken as acknowledgment that all the ills of the human race can be banished by a like proceeding.

A case of neuralgia may be relieved by changing the current of the sufferer's thought into a different channel, it may be to that of the absence of all matter, or to the goodness of God, or anything else that can for a time be made convincing; another one may be as promptly cured by an intelligent application of galvanism, but the one falls as far short of proving the universal applicability of Christian science as does the other, that there is in electro-therapeutics a panacea for all pain.

Truly says Pope, "A little learning is a dangerous thing," for "shallow draughts intoxicate the brain." He who is familiar with but one element of a machine cannot safely be entrusted with keeping it in order. Those unacquainted with the habits, necessities and limitations of an organism are manifestly incompetent to deal with the intricate workings of it.

That these various forms of drugless cures are all possessed of peculiar virtues cannot be questioned, but as at present wholly given over to those untutored regarding the physiological functions of the human body and unskilled in recognizing deviations from the same, they are powerful agencies in dangerous hands. In this day of intelligence and education there is little real advancement to be expected from ignorance, and human life is too precious and the responsibility for its preservation too great to be entrusted to those who, on the one hand, are incapable of discerning but one phase of it, or, on the other, are too prejudiced to accept aid in such efforts from whatever source it may be offered.

This force, therefore, ought to be rescued by the medical profession from the hands of those, who, because of lack of preparation, are ignorant of the textures and habits of the human frame, and are, therefore, incapable of making the most intelligent and successful use of it; and under the governing influence of the balance wheel of medical education be assigned the place in the healing art to which it is justly entitled.

If this is the duty of the profession in general, how much more so is it true of Homœopathy, for in the theory of many of the disciples of the latter that the dynamic potency of a remedy increases as it departs from the realm of matter and approaches that of spirit, is there not a manifest kinship to that which fully eliminates matter and finds in mind the healing force supreme?

Moreover, the time has come when to be a physician of any school means more than simply possessing acquaintance with the flesh, and blood, and bone, which we are wont to look upon as the sum total of our patient; it means being a metaphysician as well, with a knowledge which passes beyond these external objective trappings, and speaks and hears the language of the subjective self, the ability to touch the hidden springs of existence, and start into activity the mental power behind the physical throne.

Gonorrhœal Ophthalmia.

A recent case of gonorrhœal ophthalmia treated at the New York Ophthalmic Hospital had had till the fourth day of secretion no local treatment, but the indicated remedy had been carefully given internally. The result was unfavorable.

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Addresses.

THE NURSE, HER DUTIES AND PRIVILEGES.*

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

Mr. President, Ladies and Gentlemen, more particularly Ladies of the Graduating Class:

A story is told of an archbishop and a bishop. Both were invited to dine with one of their parishioners. The host knew that both were exceedingly fond of asparagus and included that vegetable in the menu—but as it happened the archbishop always had his asparagus prepared in oil, while the bishop insisted on having his prepared in butter. So the host ordered half the asparagus prepared in oil and half in butter. While all were in the drawing room before dinner the bishop was taken with a stroke of apoplexy. His friend, the archbishop, not waiting to render assistance, hastened to the kitchen and called out, "Prepare all the asparagus in oil." What I shall have to say is prepared in neither oil nor butter—you must take it as it is—dry.

An address of this character is always expected to be along the line of advice—good advice as to future conduct and future living. When I am asked for advice I am always reminded of what Mark Twain once said and undoubtedly is saying, for the dear old fellow still lives to do his part towards making the world better and less melancholy. Mark Twain, when anyone comes to him for advice, says he always finds out what advice is wanted and gives it with all the energy and earnestness of which he is capable. As a result, he feels good and the other fellow goes away a firm believer in the wisdom and good sense of his adviser.

It has been within only a few years, comparatively speaking, that the woman has had any place except in the home—in domestic life. There she was indeed a queen. Did I say was? No, she is a queen, and ever will be—ruling her subjects with a golden sceptre of love.

Storey said: "It is only the nature of their education that puts women at a disadvantage and keeps up the notion that they are our inferiors in ability. The best sources of knowledge are shut off from them and the surprise is that they manage to keep so abreast of us as they do."

Storey wrote in the middle of the last century—but he lived long enough to see the barriers broken down and women admitted to the privileges of an education as good as the best given men. As a direct result of this broadening of their privileges woman has more and more emerged from the obscurity of the past and today shines in professional and even in business life. I need not tell you that today there are women in the pulpit, women in law, women in medicine, who take front rank, who stand shoulder to shoulder with man—and who in some instances are more than a step in advance. So it will always be—give her the opportunity and she will develop, and you may rest assured that if she is not given the opportunity she'll make it—for who ever saw a woman who would not have her own way and the last word?

You will agree with me that woman as a nurse is in her natural sphere. Balzac said, "A woman has this quality in common with the angels, that those who suffer belong to her," and Walter Scott, "O woman, when pain and anguish wring the brow, a ministering angel thou." And Balzac again, "To feel, to love, to suffer, to devote herself will always be the text of the life of a woman." From time immemorial the work of the nurse has fallen to the woman. To the oldest of those here comes the recollection of the family nurse, for whom on divers special occasions the husband was sent out in the middle of the night—no matter how hard it rained nor how deep the snow, nor how cold the weather—and for the ensuing ten days or two weeks her rule in the house was absolute. How good these family nurses were; how much they were relied upon; what wise counselors they proved themselves to be. There was a distinct corner in the heart of every mother, occupied by the love she had for her nurse. It was very natural that it should have been so—rather more so then than today, for really in many ways the position was a much more responsible one than it is today and more a labor of love. Then she did not have the numberless aids in her work she has today. The doctor was often so far away that in case of emergency he could not be had quickly. There were no telephones, no bicycles or automobiles for the messenger's use—not even the swift running electric car; so the nurse was more often thrown entirely upon her own resources when danger came, and her sucecss in handling the emergency endeared her to her patient. Affection is much stronger when it is centered, when it is not scattered like the shot from a shotgun, but rather goes straight to its mark like the bullet from the rifle.

The woman saved from danger did not have to divide her gratitude between the nurse, the doctor, the husband and the telephone, automobile or electric car—all was centered on the good nurse, that faithful, strong, courageous woman who had shown herself equal to the demands made upon her.

But there came a change—first in the sphere of the physician. The good old family doctor, with his saddlebags, powders and pills, was forced to give way to the doctor who had had training. Scientific developments in medicine kept pace with the world's developments along all other lines. The physician of fifty years ago had but little college training, but little study was his before he began his career as a healer of ills. A few months' reading, a few months' attendance at lectures and his shingle swung to the breezes. But he himself saw his shortcoming and was the first to demand a broader education and a better training. He realized that special instruction was necessary and that it needed an education to enable him to over-

*An address delivered at the commencement of the Ohio Sanitarium Company's Training School for Nurses, held at the Dr. C. E. Sawyer Sanatorium, Marion, Ohio, June 12, 1906.

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come obstacles, and, too, that his education must come from those who had been trained to think. In the development of agriculture the best results do not come from the practical farmer. That sounds strange, doesn't it? But it's a fact. The other day it was my good fortune to listen to an address delivered by Dr. Moore who until recently was at the head of the Bureau of Plant Industries of the Department of Agriculture at Washington. He described the work of the Government in the development of the rice-growing industry in the United States, speaking of the fact that they had imported rice from Japan and by careful work had so developed it that the product was 400 per cent. greater than that of the native rice. He spoke also of the raising of the date palm in the southwestern portion of the United States. Another thing he cited was the fact that the department had imported oats and a species of hemp which had a strong, tough stem. By careful crossing of the two the department had raised oats which produce sixty pounds to the bushel on a stem which defies the winds and storms which so often lay waste large fields of the grain, resulting in tremendous losses to the farmers. I wanted to ask him if it were not possible to so cross the strawberry plant and the milkweed that we might have strawberries and cream all the year round. Possibly it might be done.

Seriously, though, it is true that the development of any industry comes from the man of science, who is trained to investigate, to reason, to overcome obstacles. You can't expect an ignorant man to reason out the cause for failure. He simply fails, and lets it go at that; but with the trained mind failure only stimulates reason, logic and perseverance. So followed the need for training schools of technology, science, and no less training schools for nurses.

What is the field of the training school for nurses? It is to take the woman and fit her to cope with disease. Many a woman is a natural born nurse, perhaps, but without a careful, systematic development of the possibilities within her she fails to fulfill her mission in life. To the training school is given the duty of bringing about this development. But the light along the way does not come all at once. Years ago, long before the development of modern conveniences, an honest old fellow visited a friend living some distance from his own home and stayed so long that darkness had fallen when he was ready to leave. The friend brought out a lantern, then a new thing in those parts. As he held it up the old fellow looked at it, then out into the gathering darkness, and said, "That's no use to me—it does not shed light more than half way to the gate." In the development of knowledge, whether in your specialty or any other, all the way is not lighted at once; light comes with progress.

But you have traveled the pathway—you are at the end of your journey. Tonight you step from dependence to independence; you enter the unknown from the known. Looking backward you see the hours, the days, the weeks, the months you have worked in order that you might tonight stand here and receive from your president the coveted diploma, the badge of honor. As you look, does the way now seem to have been hard? Does it not rather seem that, after all, what you have done, the tasks you have overcome, the duties accomplished have not been so difficult? There has been enjoyment as well as work, hasn't there? There is always a to-morrow. In times of danger, when a cool head is necessary, when perhaps a life depends on your doing just the right thing, remember that to-morrow you will smile over the fact that you came very close to being frightened in the situation in which you found yourself to-day.

That brings us to a consideration of the nurse in her relation to her chosen profession. The nurse must be able to see things when she enters upon her duties in a family. It is important that she be able to take in the status of the family, the relation they occupy one to the other. There are few families but what have a skeleton in the closet. While the nurse may not be able to avoid a discovery of that skeleton, the wise nurse will most carefully conceal her discoveries, seeming not to see that which may be most obvious. The individual who goes through life making comments on the deformities of the people whom he meets is not the one who is the most welcome. We should always look for the best in that which is before us—not the worst. We should cultivate optimism, not pessimism.

The nurse must recognize that she stands in a rather peculiar situation in the house to which she is called. She is not a servant, and still she is an employe. She must be prepared to conduct herself with such dignity as to keep her above the level of those in the house who like herself are employes and yet whose duties are such as must necessarily bring them in daily contact with her. It is the worst possible thing for her to become at all intimate with the domestics, and yet it is just as much a mistake to make them feel the difference between their position and hers. She must be just familiar enough to gain their confidence and thus she will enlist their aid.

And she must recognize the peculiar relationship which exists between the physician in attendance and herself. She must consider herself his lieutenant, ready to obey orders and at all times uphold him in his ministrations to the patient. She is there not to criticise and not to find fault. Anything she may see which can be bettered she must better, and if she is unable to do this she must bring such matters to the attention of the physician. If she does this in the proper way and with the proper spirit the average physician will call upon her for suggestions, and if he coincides with her views, make such changes as he deems necessary.

She must not gossip. It is hardly necessary to say that, at least it ought not to be, but there have been nurses whose sphere of usefulness has been much narrowed, and perhaps destroyed, by their tendency to talk about their cases or their physician. They have no right to talk outside of the sick

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room. It is a fact that physicians oftentimes have more trouble with the friends of the patient than with the patient, and incalculable harm may be wrought by a nurse who is indiscreet in her talk concerning the patient.

The nurse must in many ways be a leader. She it is who is in charge of the patient in the absence of the physician. She it is who must direct and she it is who must see what is necessary to be done without having to be asked. Her work deals with the detail, the minutia, with small things. She must remember that "many a mickle makes a muckle." She is the "man behind the guns" while the physician is the commander-in-chief. He deals with things in general in a large way, and, as a rule, does take up detail. He looks at the case from the viewpoint of life and death, while she must take the initiative in all that relates to the comfort of her patient. A patient of mine happened to have during a somewhat prolonged illness two nurses, one succeeding the other. In commenting upon their ability he spoke very highly of the one, and in rather a derogatory way of the other. He said the one always anticipated his needs and was ready at all times to do something to add to his comfort, while the other, though perfectly willing to do things when asked, never seemed to know of herself what to do. The one did things, the other asked if there was anything she could do. And there is plenty of difference between the two. So I would say to you cultivate the habit of taking the initiative, it does pay in more ways than one. Victor Hugo says, "Men have sight, women have insight." The quality of insight should be most highly cultivated in the nurse.

And tact. Macauley might well have spoken of a nurse when he spoke of a certain woman possessing a tact which surpassed the tact of her sex as much as the tact of her sex surpasses the tact of ours. Tact means literally to touch, so it has come to mean the ability of one nature to touch another, to feel for another, a ready power of appreciating just how another can best be approached and handled. A doctor once said to me, "If I had the choice of possessing nine-tenths knowledge and one-tenth tact, or one-tenth knowledge and nine-tenths tact, I should choose to have the latter, believing that with nine-tenths tact and one-tenth knowledge I would be the more successful." And he was right. The same measure applies to the nurse. You must be able to exercise tact as well as skill if you wish to be a success.

The nurse should possess nerve. She should be steady, to speak of the word from a physical standpoint. She should so control her natural tendencies that she may at all times be ready for anything that requires firmness and muscular power. Then, too she should have a steadiness and firmness of mind, a self-command in danger or in the presence of suffering. She must have courage and endurance. We sometimes speak of people "going to pieces," and we mean that they lose control of themselves and are not to be relied upon at a time when they are most needed. You can very readily see that such an attribute in a nurse would spell failure, that she could not hope to be successful in her profession. In selecting a nurse for a patient the physician, without knowing it perhaps, instinctively weighs this one quality more than almost any other, for—let me tell you a secret—there are physicians who do not possess much nerve, and it is always a comfort to have as an assistant one who possesses enough nerve to more than make up for that wanting in the physician.

And directly we are upon another of the qualities necessary, that is, a readiness for emergencies. Once a nurse had as a patient a stalwart man, who in the course of his illness became delirious. He escaped from his bed and was seen standing at the head of the stairs with some weapon of offense and defense. Did the nurse "go to pieces?" Not a bit of it. She quietly walked up stairs, and just as quietly led her patient back to bed. She had courage and nerve and tact, she anticipated his wants and took the initiative. She was ready for the emergency. She possessed all the qualities I have enumerated, and just at that particular moment she needed every one of them. An illness of itself is an emergency. We are never ready for it. We never expect it just when it comes, and except one form we never want it. So in the very nature of her work the nurse must be ready for emergencies. One of our training schools has for its motto, "Ready, with God's help." That must be the motto for every nurse.

There is a distinct code of ethics which governs the relation of the nurse to the physician. The nurse is called to care for the patient under the direction of the physician. Just think for a moment. Put yourself in his place and fancy your position if you were in charge of the case, and he should spend his time in trying to displace you. Here is a good place to apply the Golden Rule. You must do unto others (and that includes the physician) just as you would have them do unto you. Don't forget that You can make or mar your success just as you neglect that rule or are guided by it.

You must be honest. A certain man was very fond of fishing. He was a successful fisherman, too, and judging by his accounts of the fish he caught, one of the greatest. The size of the fish always increased just in proportion to the distance he happened to be from the place where he caught them. One winter he "got religion," as the saying is, and joined church. The pastor told him he must quit telling his fish stories, and he, recognizing the reasonableness of this admonition, agreed. More than that, he purchased a pair of scales, which he proposed to take with him on his trips, to weigh the fish, so that he could make a record of the weight, thus having indisputable proof of their size. Soon after that an interesting event happened in his family—a fine little boy came to gladden his home—and, of course, the baby must be weighed. So papa's new scales were brought into requisition, and baby weighed just sixty-three pounds. Now that man was not honest, and worse than all, he was not honest with himself. I would say to you be honest with yourselves. Do not argue yourself

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into a belief that what you may be doing is right when you know it is not. That is a most important point.

Now a word with respect to yourselves, not particularly concerning your duties as a nurse. This is your commencement, and indeed the occasion is rightly named. It is a commencement, for now you must in reality begin life. You have studied here long enough to have finished the work laid down for you, now you must take up study which is not under the direction of anyone. No one, be he a graduate of college, university or training school, has a right to lay aside books simply because graduation day has come and gone. This applies to you surely. You must advance, you must improve yourself not alone in the field of your special profession, but along lines of general study. No one can stand still. Either he must advance or he must retrograde. I would have you continue the training of the mind which has been going on coincidently with the training of your ability to nurse. Take up a course of reading. Branch out into general literature and make your mind a storehouse of knowledge. The more you develop mentally, the greater becomes the possibility of development. To the cultured man or woman who may be ill, there is nothing so acceptable as the companionship of one who is equally cultured. You may make the long hours of convalescence much more bearable if you can bring to your patient conversation and reading, which shows you to be refined and developed mentally.

There is no reason why you should not take up some special line of reading. Medicine, for instance. It does not need much thought to demonstrate of what value you may be to the world if you, with your special training in caring for the sick could add to it the ability to cure the sick. Just recently a woman, a nurse and physician created a sentiment in the United States which is to have its effect on succeeding generations. I refer to Dr. Anita Newcomb McGee. She was a nurse with the United States Army during the Spanish-American War. She saw the dreadful state of affairs due to the almost criminal lack of sanitary provision. No one better than she was able to tell of its unspeakable horrors. During the war between Russia and Japan she was with the Japanese Army. Later she travelled through the States lecturing on the wonderful work done by the Red Cross Society in Manchuria, and telling of the most wonderful way in which the Japanese care for their men while they are in health It is said that they argue that every Japanese soldier must be equal to at least four Russians, and that for every sick man it means a loss of four men. So they do not allow them to get sick. One of their characteristic sayings is: "To be killed is a calamity; to die of disease is a crime."

Sanitary engineers are sent in advance of the army. They test the water from every well and stream and lake and label it so that every soldier may know which is pure and which impure. They test the air and choose locations for camps where the air is best. They establish strict sanitary rules which must be obeyed just as implicitly as the orders of the commander-in-chief. What is the result? Fatality from sickness is almost nothing in the Japanese army. The work of the doctor and the nurse is amost exclusively with the wounded. Possibly as a direct result of the lectures of Dr. McGee the army of the United States will be put on a sanitary basis, which will make impossible such a terrible state of affairs as existed among the troops gathered to oppose the Spanish. It is a pitiful fact that when the call came for attaches to be sent to watch the war in the East not one army surgeon or sanitary officer was sent. A cavalry officer was detailed in spite of the fact that the Japanese have no cavalry. Here is a sad commentary on the efficiency of some one. What benefit might have been derived from a careful study of the methods of the Japanese in sanitation by a sanitary expert can hardly be estimated. It was left for a woman to correct the gross errors of the much vaunted military bureau in Washington.

Let me become a little more personal. Perhaps it is true that some nurses choose the profession because they are attracted by its high remuneration. In very few places can a woman command twenty-five dollars per week for her services; not but what she is worth it. No woman can be measured as to her worth in mere dollars and cents. Solomon said her price is above rubies, and I think he underestimated rather than overestimated her. I speak of this point to bring out two things. The first is that many people can not afford to pay twenty-five dollars per week. Parenthetically, I might say that physicians are among them. But it is not right to exact from those who are unable to pay it such a sum for your services. You should exercise a wise and just discrimination, and, if necessary, give your services for less than the full amount.

The other point is that you should save your money. A dollar is the most evasive thing in the world. When once caught it develops another characteristic. It becomes slippery, and before you know it, it is gone to keep company with others likewise flown. Make an especial effort to hold the money you get. Your financial standing is going to be measured not by what you earn but by what you hold. It's a good thing to have two things on a rainy day—one is money, the other an umbrella.

May all good fortune attend you. Wherever your ambition leads you, may you attain the largest possible success. May your life in this most noble profession of yours be satisfying, satisfying not only to those who love you and hence are most strongly interested in you, but what is still better, satisfying to your own inmost soul. Nobody knows us like our selves, and if we can so live as to have no reproaches from ourselves, we can truly feel that life has indeed been worth living. God bless you!

Alypin,

The new local anæsthetic, readily penetrates mucous membranes. It is very serviceable for urological practice. In its effects it is at least equal to cocain and beta-eucain, with the great advantage of relative innocuousness, and it appears to be free from any deleterious by-effects.

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The Colleges.

THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

The commencement exercises of the Cleveland Homœopathic Medical College occurred Tuesday and Wednesday, May 15th and 16th. For the fifty-sixth time the college presents a graduating class, and the men and women comprising it are of a high standard of education. The banquet given by the faculty to the graduates occurred on Tuesday, at the Hollenden Hotel. After the feast of good things Prof. Wm. A. Phillips, as toastmaster, introduced the speakers. Mr. Vesey, of the Freshman Class, responded for his classmates; Mr. Knipple for the Sophomores; Mr. Starrett for the Juniors and Mr. Klein for the Seniors. Prof. J. Richey Horner represented the Censors; Prof. Gaius J Jones, the Faculty, and Hon. Harvey D. Goulder, the Board of Trustees. The occasion was a most enjoyable one.

The formal commencement exercises took place Wednesday evening. Dean Jones presided, Prof. Lester E. Siemon gave the faculty address, and Rev. Ralph R. Snow the formal address of the evening. The spacious auditorium of the Euclid Avenue Baptist church was crowded with the friends and relatives of the class.

The following received the degree: Will Julius Klein, Nelson M. Rhodes, Howard C. Paden, J. Raymond Hagaman, George J. Salisbury, J. Leroy Hondorf, Dora L. Horn, Henry M. DeWerth, Earl Au Roasberry, Sylvanus F. Basinger, Myra Belle Herrick, Eliza H. Patton, Henry W. Krapohl, and A. Garfield Schnabel.

The Cleveland Homœopathic Medical College has reorganized for the year 1906-1907.

There have been a number of changes. Prof James C. Wood resumes his place at the head of the gynæcological department. Prof. H. H. Baxter again takes up his work on materia medica. Prof. Hudson D. Bishop is transferred from the surgical to the obstetrical department. Dr. Thos H. George is promoted to a full professorship with the title, Professor of Anæsthetics. Dr. H. F. Staples is promoted to professorship, with the title of Professor of Hygiene and State Medicine. Dr A. G. Schnable is made professor of histology, bacteriology and pathology, and Dr. Josephene M. Danforth is made associate professor of the theory and practice of medicine.

The election of officers resulted in the elevation of Prof. Geo. H. Quay to the deanship; Prof. H. L. Frost becoming vice-dean, and Professor B. B. Kimmel registrar-treasurer, the two offices being this year combined. Prof. G. J. Jones becomes president of the Board of Trustees, having, after a service of fourteen years as dean, declined a re-election. Prof. Jones has served the college thirty-four years—a most wonderful service given with all enthusiasm, energy and self-sacrifice. The faculty by a rising vote adopted a minute expressive of their appreciation of these services.

The outlook for the college is most brilliant. There will be practically a new building in the fall, and the prospects for new students were never brighter.

Societies.

THE OHIO STATE HOMŒOPATHIC MEDICAL SOCIETY.

The forty-second annual session of the Ohio State Homœopathic Medical Society was held May 8th and 9th, in Columbus. It was the most successful and largest meeting held in that city for years. There was a very large attendance of both members and visitors from Ohio and other States. Among the latter were Dr. H. C. Allen, of Chicago, and Dr. W. A. Dewey, of Ann Arbor.

President Jones presided in a business-like way, which added much to the meetings and promoted their success. His annual address was good and met the requirements of the occasion. Bureau work was rather above the high standard set by the Ohio Society at former meetings, each bureau having a full representation. An innovation which should be copied by future administrations was the presentation through a representative of papers from sectional societies throughout the State. Dr. Charles Zurmuhlen, of Dayton, represented the Dayton Society with a paper on "The Cause and Cure of Disease." Dr. Thos. H. George, of Cleveland, represented the Cleveland Society with a paper on "Anæsthetics." Dr. Wm. H. Phillips, of Cleveland, represented the Eastern Ohio Society with a paper on "Wounds of the Eyeball." All papers did credit to their authors as well as to the societies from which they emanated.

A graceful act of the membership was the election of Dr. D. H. Beckwith, of Cleveland, to honorary membership. This was a fitting recognition of the many years of good service given by the doctor, and comes to him as an honor which has been bestowed upon only a few.

The officers elected were noted in last month's Medical Century.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-third annual session of the New Jersey State Homœopathic Medical Society was held May 1st at Trenton. President E. S. Sheldon, presiding. The program included the following papers:

Bevier H. B. Sleght, M. D., Newark, "Cholelithiasis."

Carl H. Wintsch, M. D., Newark, "Treatment of Pruritus Ani," "Report of Case of Complete Cardiac Protrusion."

William F. Beggs, M. D., Newark, "Nasal Obstruction, Its Causes and Treatment."

Edward Hill Baldwin, M. D., Newark, "Better Look Into It."

Bernard Clausen, M. D., Hoboken, "Worms."

Bradford W .Giveans, M. D., East Orange, "Should Bicarbonate of Soda or Lime Water be Added to an Infant's Food as a Routine Measure?"

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Bevier H. B. Sleght, M. D., Newark, "Care and Repair of the Perineum."

There was a large attendance upon the meeting, and the good doctors of Trenton looked to the social as well as the scientific side of the occasion, providing a bountiful luncheon for all, and for the ladies particularly, a delightful drive throughout the city and a visit to the classic town of Princeton.

ATTENTION, MEMBERS OF THE O., O., AND L. SOCIETY.

The official headquarters of the American Homœopathic Ophthalmological, Otological and Laryngological Society, while in session at Atlantic City, September 11th to 15th, will be the well known and recently enlarged Hotel Dennis, where all the elect are expected to take up their residence and be social. Rates will be reduced for our benefit, and will range in price according to size and location of rooms, from $3.00 to $5.00 per person per day, for board and room. As there are yet many summer visitors in Atlantic City during the second week of September, reservations had best be obtained as long in advance of going as is possible, and while we can all be nicely accommodated, with our wives and sweethearts, if we notify the proprietors in time, trouble may be experienced in getting suitable rooms if we wait until the last moment.

Excellent rooms for the scientific sessions have been secured, and the secretary has already received many good papers, while a long list are nearly completed and will be presented at the sessions. In addition to the usual class of papers, short papers devoted to the discussion of matters near to our hearts will be presented on two evenings during the week, viz: Cases cured by the internal administration of the homœopathically indicated remedy, one evening, and cases not cured by any method of treatment will come up on another evening, both to be limited to seven minutes in the detail of the cases. The relation of our successes and failures is highly instructive, and all enjoy them. Select your topics and send them to the secretary for placing on the program.

It is expected that one afternoon will be devoted tc clinical work, and it is likely that the beautiful new operating room at Galen Hall, the homœopathic sanitarium hotel of Atlantic City, will be used for that purpose.

Out of respect for the International Homœopathic Congress, we will hold no morning sessions, and urge all of our members to attend the sessions of the Congress during that time, as the subjects under consideration by that body will be of paramount interest to us all.

Promising you a vast amount of interesting matter good for your mind, and the very best for the comfort of your bodies, I urge you to be on hand for the opening session. Tuesday afternoon September 11th, at 2:30 o'clock.

Fraternally yours,

John B. Garrison, M. D.,
President.

David W. Wells, M. D.,
Secretary.

THE AMERICAN SURGICAL ASSOCIATION.

The American Surgical Association held a notable meeting in Cleveland, May 31st, June 1st and 2d. This body has a membership limited to one hundred and twenty-five, and drawn from surgeons all over the world who have "done something." On the program we find the names of Trendelenburg, of Leipsig, Germany; the Drs. Mayo, of Rochester, Minn.; Willy Meyer, New York; Chas. A. Ballance, of London, England; John B. Deaver, of Philadelphia; Wm. B. Coley, of New York; Roswell Park, of Buffalo; Joseph D. Bryant, of New York; J. B. Murphy, of Chicago; A. J. Ochsler, of Chicago, and others, a galaxy of names showing the quality of the papers presented. The meeting was an unqualified success.

BOOK REVIEWS.

Practical Observations Upon the Chemistry of Food and Dietetics.

By J. B. S. King, M. D., Prof. of Chemistry, Hering Medical College. Price $1.00. Published by the author, 1008 Masonic Temple, Chicago, Ill., 1906.

This little work of 140 pages presents in a practical way the principles common to all foods, and the function of each, and this is knowledge indispensable to a physician. It embodies the latest views on the subject. It contains much of high practical value, and is written with a positiveness that commands attention. The author is not an extremist, nor can one tell by a perusal of the work what food agrees or disagrees with his own economy, a fault common in many good physicians in their recommendation of a dietary. We know of no work of its size, or even larger, that contains so much on the question of food that is sensible. It is a book decidedly worth owning.

The Crux of Pastoral Medicine.

Second edition. Fr. Pustet & Co., New York.

Another edition of this work which deals with the problem of life and generation.

The History of a Discharge From an Ear

Appearing a few days to a few weeks after the beginning of a slowly developing deafness in that ear, unaccompanied at any time by pain, is suspicious of tuberculosis otitis media.

Subiodide of Bismuth

Dusted on an oozing, granulating wound promptly stops the bleeding. It is also an excellent stimulant to the growth of epithelium.

To Preserve Soft Rubber

For an indefinite time dip the tube, instrument, etc., in aqua ammonia diluted with ten parts of water. The ammonia bottle should have a rubber stopper.

Oil Soon Ruins Rubber.

It should be washed out or off with soap and water immediately after use.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
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Subscription, Two Dollars Per Annum.

JULY 1, 1906.

Editorial.

THE INSTITUTE AND THE INTERNATIONAL CONGRESS.

Scarcely more than two months elapse before the meeting of the International Congress as the guest of the American Institute of Homœopathy. The date is September 10th to 15th, inclusive, and the place Atlantic City. If this were the first meeting at Atlantic City it would be proper to go into a description of the place and its ability to take care of large conventions, its many attractions and its central location, its public spirited officials and residents, and last, but not least, the hospitality and generosity of the coterie of homœopathic physicians who practice there. All this is not neccessary. The world knows it all. Hence it remains for us to urge upon the readers of the Medical Century the importance of the meeting and the great opportunities there to be presented for advance of individual knowledge.

The program, as it is already outlined, shows a wealth of papers which has not been surpassed in the history of the Institute. All the allied societies are scheduled for the meeting, and they will offer a rich feast. Their officers are wide awake and are working hard for the attainment of the largest possible success. It remains for the homœopathic physicians throughout the United States to show their loyalty to their school and their national organization by attending the sessions.

There is still another way in which this loyalty can be attested, and that is by looking up new members. Last year at Chicago nearly four hundred were elected members of the Institute. If the men of New York were to make the effort they could without any doubt bring in that many from their State alone. So could Pennsylvania, so could the New England States, while the Middle States and States in the West could duplicate that number. And what's to prevent it? Only the lack of effort. It won't do to depend on the Institute's membership committee for the work. It requires individual effort on the part of the members. *And increase is necessary.* It must not be forgotten that to stand still is to retrograde. No organization can be influential and powerful unless it shows a steady growth. It is necessary because the new member of to-day becomes in such a short time the man upon whom the responsibility of the Institute must rest. Look over the death roll of the past ten years and you read the names of the men who *made* the Institute. Those who to-day are making the Institute famous want to see growing up around them men who shall be competent to take the reins out of their hands, and so conduct affairs as to make the growth of their beloved organization such as will command the attention of the world. So it behooves members to take up in real earnest the work of building up the membership. There ought to be at least five thousand members in the Institute. This would be only a fair percentage of the number of homœopathic physicians in the United States. It is only by working until this total is reached that we can hope to attain our proper place among professions.

There is to be an important question discussed and possibly settled. We refer to the question as to the establishment of an official journal for the Institute and the publication in it of the transactions instead of in book form as at present. This question should be settled by the whole membership. There should be a crowded house when the plan is discussed, and every member should hear all that can be said for or against the proposition, and make up his mind uninfluenced by considerations of friendship or person. The committee is at work today gathering together facts and figures, and its report will be based on what it has found in its investigations. On that committee are Royal, J. H. McClelland and B. F. Bailey, three former presidents; Kahlke, of Chicago; Copeland, of Ann Arbor; Strickler, of Denver, and Gatchell, the secretary. The two latter are editors, and between these and the presidents are named two young men of broad minds and peculiar ability. That committee is going to have a report in the program which will be in the hands of the members one month before the Institute convenes. Read the report, digest the statements therein presented and come to the meeting prepared to vote for the best interests of the Institute.

Put down the date and place where it may be constantly before you so that you may make no engagements for that week.

SEPTEMBER 10TH TO 15TH, ATLANTIC CITY.

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WHAT'S IN THE FUTURE?

Several months ago we called attention to the presidential address of Dr. DeWitt G. Wilcox before the New York State Homœopathic Medical Society. In this address he makes a proposition for the appointment of a commission of, say, ten men, five from the old school, and five from the new, who shall make a careful, scientific test of the law of similars in such a way as shall make the results a true index as to its truth or falsity. At the time we wrote we felt that this is an ideal plan which must simply be ideal, and like many ideals never reach the state of actual existence. Almost while we wrote there was being held in Boston a most remarkable meeting at which a paper was read by the dean of Harvard medical school, Dr. Frederick C. Shattuck, and another one by the Professor of materia medica in the Boston University School of Medicine, Dr. Frederick B. Percy. The first paper discussed leading therapeutic principles from the following standpoints:

First. Do no harm. This principle seems to be well met by the Homœopathist who uses the infinitesimal dose. He does no harm save in so far as he may miss doing good.

Second. Try to see as clearly as possible just why you give a drug, your purpose in giving it, whether as a specific, curative, palliative, or as a placebo.

Third. As far as you *can,* give a drug uncombined. This is a general rule subject to many exceptions. Rules, however, are made to break. They are our servants, though we too often allow them to be our masters. But in breaking rules we must use our brains, an exercise which most of us avoid as far as we can.

Fourth. In using an efficient drug be sure as you can of a good preparation, and then give it until something happens—either the desired effect or evidence appears that the limit of toleration has been reached—what is called the physiological but what I should prefer to call the toxic effect. Disregard of this law is, I believe, responsible for many therapeutic failures.

And here you see the old school side of it. Its weakness is that the whole principle is dependent upon the personal equation. The old school man is to do no harm, and what one man considers "no harm," the next will consider nothing. "Try to see as clearly as possible," "as far as you can," "be as sure as you can," mean simply that one man may see and act farther than the next, and that it all depends on the *man*, not on the principle. And it cannot depend on the principle for that is ever changing. What to-day is right to-morrow is wrong. There can be no *constant* belief in curative principles when these are ever changing. The real fact of the matter is that therapeutic nihilism is widespread in the old school, and to-day disease is being treated wholly from the standpoint of adjuvants. Their whole study is "preventive medicine," and when "prevention" is impossible they rely on proper regulation of the patient's food and drink and such local applications as may be permissible. They do not pretend to *cure* their patients. They aim to put the system in such a condition that nature is able to reassert her dominion. And if nature fails the patient, unaided by medicine must yield up the ghost. There is, of course, a large class of physicians who are continually hunting after the *specific,* the individual remedy which shall cure every case in a certain class of diseases. As often as this specific has been found, just so often has it been discarded. So far there is no specific, and as we have said, if the disease cannot be prevented nature has to supply her own medicine

The situation in the new school is decidedely different, and Dr. Percy has voiced his beliefs in these words, which, to his mind, contain the real essentials of the law of cure:

"First. That every drug should be thoroughly tested upon the healthy human body and that facts thus elicited shall be supplemented by further experiments upon animals, and also by the results of poisoning when that is possible.

"Second. That the conditions thus occasioned are those which when present in diseased states will be cured by these same drugs.

"Third. That the dose to accomplish this must be sufficiently minute to occasion no aggravation of the symptoms present.

"The advantages to be used in the use of drugs in this way are (1) simplicity in form and administration, the single remedy its natural corollary; (2) precision; (3) it assists nature, does not thwart or check her, and thereby fulfills the most important essential of cure."

Dr. Wesselhœft discussed the question freely and fairly, stating the principle lying at the root of the homœopathic law of cure to be the fact that "a reaction takes place in certain pathological conditions and processes on the administration of certain remedies possessing the peculiar features of the disease itself." This constitutes the homœopathic law of cure. The doctor voices the same sentiment proposed by Dr. Wilcox with reference to a careful scientific investigation of the claims made for this law, and this is endorsed by Dr. Richard C. Cabot of the Harvard Medical School, who said:

"I was delighted to hear what Dr. Wesselhœft said as to the prospect of tests in this matter. That is what we want; tests by representatives of your association and ours; by men of the highest standing, public tests. Then we shall be getting evidence appealing to us all, commanding adherence from us all. I hope before many months are past, such tests will be under way, and I am sure if anyone on our side can help in these tests, it will be with the greatest pleasure that we shall do it."

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Now, fellow members of the Institute, there is another reason why you should attend the coming meeting. This question may come up, and you, in future years, could proudly say that your vote helped to make possible a unification of the two great schools of medicine. Hence there is another reason why you should *put down the date and place where it may be constantly before you so that you may make no other engagement for that week.*

SEPTEMBER 10TH TO 15TH, ATLANTIC CITY.

EDITORIAL BREVITIES.

The Homœopathy of Today.

We commend to careful reading the excellent article by Professor Cowperthwaite, of Chicago, in the current issue of the Medical Century. He is one who has practiced and battled for Homœopathy for over forty years, and a progressive, sensible Homœopathy it has been, too, and, therefore, he is qualified to speak as an expert on the subject. Like ourselves he strives not for the extremes but for the middle course, which is always safest. On the one hand, he does not wish to have our principles sacrificed on the altar of so-called scientific medicine. On the other hand, he would reject the nebular infinitesimalism of Skinner, Swan and Fincke, and the narrow ideas of their satellites. In this middle course we find the majority of homœopathic physicians, the good doctors of our school, the ones to whom most of us would entrust our lives when ill, those who are not mongrel enough to think only of palliation or nebular enough to depend entirely and always on the remedy. In this class are found no Homœopaths "for revenue only," but those who are ever ready to defend the principles of our science, to further its institutions and those who recognize that failure to cure does not depend upon the fallibility of our law but upon themselves. Dr. Cowperthwaite's defense of the Regular Homœopathic Society is a strong one, claiming that it is a needed organization; his condemnation of Cook County Hospital methods and influence is also strong. We may have more to say on each of these topics when bullets large enough to fit our caliber come our way. We urge upon all our readers a perusal of Dr. Cowperthwaite's convincing paper.

Polk's New Directory.

We have just received this standard directory for 1906. It doubtless contains an approximately correct list of the physicians practicing in the United States and Canada up to the time of going to press. We are well aware of the difficulties encountered in keeping tab on physicians, and no directory unless constantly revised can presume to any correctness. In this tissue, as in former ones, homœopathic physicians are designated by an H. We have shown in former editorial comments that the issue of 1902 was very unfair, or, at least, incorrect as to the number of physicians in our school, and instanced two States to show the proportion omitted. We have looked over quite carefully the Massachusetts and the Minnesota list in this new issue and find that there seems to have been little care in ascertaining the school of medicine practiced by the physician; about 15 per cent. of the Homœopaths of Massachusetts are designated with an R, although graduating from homœopathic colleges and affiliated with homœopathic societies, and even a greater number in Minnesota. Judging from the list of homœopathic physicians given in these two States, we may notify those who wish to reach all of the homœopathic physicians of the country to take some other list than Polk's. It discounts the number of actual homœopathic physicians in the United States from 15 to 30 per cent.

Reciprocating States.

The following from the Ohio State Medical Journal, May, '06, gives the States which have granted reciprocity with other States and the conditions under which it is granted. Qualification No I refers to a certificate or license issued on examination. No. II refers to a certificate or license on a diploma before examination was required by the State issuing the same.

District of Columbia reciprocates with any State, territory or insular possesion of the United States, and with any foreign country under the conditions set forth in the Act of January 19, 1905.

Illinois reciprocates with Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Nebraska, New Jersey, North Dakota, Ohio, South Carolina, Vermont, Wisconsin and Wyoming under qualification No. I.

Indiana reciprocates with Iowa, Kansas, Maine, Michigan, Wisconsin, Georgia, Kentucky, Missouri and Nebraska under qualifications Nos. I and II, and Illinois, Ohio and Virginia under qualification No. I only.

Iowa reciprocates with North Dakota, South Dakota, Nebraska, Kansas, Colorado, Wyoming, Nevada, Missouri, Minnesota, Wisconsin, Michigan, Illinois, Indiana, Kentucky, Maryland, South Carolina, Georgia, New Jersey and Maine under qualification No. I or No. II as laws permit.

Michigan reciprocates with Wisconsin, Indiana, Iowa, Kansas, Nebraska, Maryland, Minnesota, Missouri, Nevada, Maine, Vermont and Georgia under qualifications Nos. I and II, and with Illinois, Ohio, New Jersey, North Dakota, South Carolina, Virginia and Wyoming under qualification No. 1 only, and with District of Columbia in individual cases.

Minnesota reciprocates with Iowa, Kansas, Michigan, Maine, Nebraska and Wisconsin under qualifications Nos. I and II, and with Illinois, Maryland, Missouri, Nevada, New Jersey, Ohio, South Carolina, South Dakota and Wyoming under qualification No. I only.

New Jersey reciprocates with Maine, Vermont, New York, Ohio, Illinois and Michigan under qualification No. I. Her licenses are endorsed by Maine, Vermont, New York, Delaware, Virginia, South Carolina, Texas, Ohio, Illinois, Iowa, Michigan, Wisconsin, Minnesota, Missouri, Kansas and Colorado.

North Dakota reciprocates with Maine, Vermont,

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Michigan, Illinois and Wyoming under qualification No. I.

Ohio reciprocates with Illinois, Indiana, Michigan, Wisconsin, Minnesota, Maine, New Jersey, Maryland and Nebraska under qualification No. I.

South Carolina reciprocates with Virginia, Texas, Maryland, Wyoming, New Jersey, Illinois, Maine, Michigan, Kansas, Ohio, New Jersey, Wisconsin, Minnesota and Nevada under qualification No. 1.

Vermont reciprocates with Maine, Maryland, Michigan, New Jersey, Ohio, Illinois, North Dakota, Wyoming and the District of Columbia (in special cases).

Wisconsin reciprocates with Michigan, Indiana, Maryland, Kentucky, Nebraska, Iowa, Virginia, Kansas, Georgia, District of Columbia, Oklahoma Maine, Minnesota, Wyoming, South Carolina and Missouri under qualifications Nos. I and II, and with Illinois, Ohio, North and South Dakota under qualification No. I only.

Wyoming reciprocates with Colorado, Iowa, Nebraska, Georgia, Kansas, Wisconsin, Michigan, Missouri, North Dakota, Maine, Illinois, South Carolina, Minnesota and Vermont under qualification No. I.

The amendment to the medical act which was passed by the last legislature changes the above as far as Ohio is concerned. By this act, the board is permitted to enter into reciprocal relations with other States under qualification No. II.

Editor's Table.

GENERAL NOTES.

The commencement of the Ohio Sanitorium Company's Training School for Nurses was held at the Dr. C. E. Sawyer Sanatorium, Marion, Ohio, June 12, 1906. Four nurses graduated from the school. The program included music by the Philharmonic Quintette, vocal solos by Mrs. Genevra Johnstone-Bishop, an address to the graduating class by J. Richey Horner, M. D., of Cleveland, Ohio, and the presentation of the diplomas by President C. E. Sawyer. Dr. Adair, who is associated with Dr. Sawyer, presided. The exercises proper were followed by a reception and ball given in honor of the class by President Sawyer. The audience and guests included nearly four hundred of Marion' best pepole, and all were enthusiastic over the splendid entertainment given them. The sanitorium was never in a more prosperous condition, the large building being constantly crowded with patients. The work in the training school is particularly fine, great credit being due the very efficient superintendent, Miss Lenore F. E. Loiselle, who has been with Dr. Sawyer for more than nine years.

The graduating exercises of the University of Michigan, Homœopathic Department, occurred June 21st; the class numbering eighteen.

Through the courtesy of Dr. Bryant, of San Francisco, we are enabled to give the losses and new addresses of his fellow townsmen. They are as follows:

Dr. Arndt's address is corner Hayes and Fillmore.

Bailey, Nelson B.,Hahne., S. F., '02, lost his office and his effects in the Buena Vista Hotel. His present address is San Rafael, Cal.

Ballard, J. Stow, Hahne., Phila., '89, who owned his home where he also had his office, not only lost this building but also a fine apartment house on Golden Gate avenue. Dr. and Mrs. Ballard were in Arizona travelling Eastward when the fire occurred. Dr. Ballard's present address is corner Clay and Presidio avenues.

Boldemann, Lillie, Hahne., S. F., '96, lost her office. Address, 2624 Sutter street.

Boericke, Wm., Hahne., Phila., '80, lost his homœopathic pharmacy; his home and office were one hundred feet west of Van Ness avenue, and were saved. Dr. Boericke was in Europe at the time. Address, 1812 Washington street.

Bowen, Amy G., Hahne., S. F., '86, and her mother, Jane M., Hahne., S. F., '91, owned their home and office, which was burned.

Breyfogle, Edwin A., Hahne., Phila., '75, lost his office and also his effects in the Palace Hotel. Address, 2509 Pacific avenue. He has gone East for a well-earned rest.

Brooks, Joseph S., Hahne., S. F., '94, lost his office. He is located in his home at 3773 Clay street

Cameron, Ida B., Hahne., S. F., '95, lost her office. She is located at her home.

Canney, Frederick G., New York Hom., '93, lost his office and his effects and furniture in the Empire apartments. His address is Park Emergency Hospital, Stanyan and Waller.

Crawford, Joseph G., Hahne., S. F., '92, lost his office and also his furniture and effects in his home. His address is 201 Buena Vista, avenue.

Currier, Christopher B., Penn. Med. Univ., '60 who owned his home and office, lost it by fire. His address is 2084 O'Farrell.

De La Hautiere, Rosalie, Hering, Chicago, '99, lost her office and the furniture, etc., in her home

Dow, Burritt N., Hahne., S. F., '95, lost his office and his furniture in an apartment house.

Engle, Howard M., Hahne., Phila., '96, lost his office as well as his beautiful new home and its contents. Address, 662 Clayton street.

Fraser, Edwin J., Hahne., Chicago, '64, lost his office and the furniture in his home.

Fassett, E. L., Hahne., S. F., '03, lost his office Address, 279 10th avenue.

Gamble, William H., Hom. Med., Missouri, '81 lost his office and the furniture in his home.

Goss, Alice M., Hahne., Chicago, '90, lost her office. Address, 1792 Sutter.

Goss-Haskell, Carrie A., Hahne., Chicago, '78 lost her office. Address, 1653 Haight street.

Griswold, William H., Med. College, Pacific, '81 lost his office and his effects in his room.

Hurd, Laura B., Hahne., S. F., '97, lost her office. Address, 1833 Buchanan.

Kastendieck, John, New York Hom., '79, lost his office and household furniture. Address, 457 Fillmore.

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Kroetz, Mary E., Hahne., S. F., '94, lost her office and household furniture.

Law, Hartland, Hahne., '93, lost his home, factory and many magnificent buildings, including serious injury to the Fairmont Hotel.

Lewis, Joseph C., Hahne., Phila., '75, lost his office and household furniture.

Dr. George A. Starbird, Hahne., S. F., '92, lost his office, but found a companion in Miss Irene Hopps, a graduate of the Hahne. Hosp. Training School. It was a "fire wedding."

Manning, Guy E., Hahne., Phila., '90, lost his office. Address, 3675 Clay.

Martin, Geo. H., Boston Univ., '81, lost his office and his effects and furniture in the Palace Hotel The doctor and his good wife, Eleanor F., Hahne. S. F., '92, have moved to Oakland only temporarily, we hope. Address, Delger building, Broadway and 14th streets, Oakland.

Minker, Andrew J., Hahne., S. F., '99, and his wife, R. May, Hahne., S. F., '00, lost his office.

Moliere, J. A., Detroit Hom., '74, lost his office effects and household furniture.

Palmer, Geo. H., New York Hom., '65, lost his office. Address, corner Jackson and Steiner streets.

Peterson, A. E., Hahne., Phila., '77, lost his office Address, Union Savings Bank building, Oakland. We trust that he will soon return to S. F.

Pinkham, Chas. B., New York Hom., '99, lost his office. Address, Park Emergency Hospital, Stanyan and Waller streets.

Potter, Clarence D., Hahne., S. F., '96, lost his office. Address, 2034 Baker street.

Rice, Philip, Hering, Chicago, '94, lost his office. Address, 2428 Bancroft Way, Berkeley. May he soon return to San Francisco.

Scott, C. V. C., New York Med. Col. for Women '79, lost her office and her furniture and effects in the Palace Hotel.

Selfridge, Grant, Hahne., Phila., '89, lost his office. Address, 1732 Broadway.

Stratton, Wallace C., Boston Univ., '78, lost his office.

Tomlinson, Richard F., Hahne., S. F., '00, and his prety wife, Mary, Hahne., S. F., '00, and their baby, lost their effects and furniture in the Empire apartments. Address, Jackson and Steiner streets

Ward, James W., New York Hom., '83, lost his beautiful office. Address, corner Scott and Jackson streets.

Ward, Florence N., Hahne., S. F., '89, lost her office. Address, 2700 Broadway.

Wells, Edith C., Hahne., S. F., '00, lost her office and household furniture.

Wheeler, J. Albert, New York Hom., '84, lost his office and household furniture.

Wise, Sara, Hahne., S. F., '93, lost her office and household furniture. Address, 2405 Pacific avenue

Worth, Sidney, New York Hom., '74, lost his office. Address, 1721 Vallejo street.

Watson, Flora W., lost her office and household furniture. Address, Clay street, between Broderick and Baker streets.

Chisholm, Mary D., Hahne., S. F., '96, lost her office and household furniture. Address, 1612 O'Farrell street.

Lamb, W. N., Hahne., S. F., '94, lost his office and household furniture. Address, 1618 Ellis.

McConkey, Thomas G., Univ. Penn., '90, lost his office and his effects and furniture in his rooms. Address, 3675 Clay street.

McNeil, Alexander, Mich. Hom., '71, lost his office and household furniture.

Romig, J. H., Hahne., Phila., was on the same floor in the James Flood building with Dr. Arndt and myself, and like us his office furniture, etc., was reduced to powder.

The Hahnemann College lost two chimneys and a great deal of breakage in the pharmacy, chemistry room and museum.

The old homœopathic sanitarium on Presidio avenue, now called the Hahnemann Hospital, received but slight damage.

The Pacific Homœopathic Polyclinic and the North Beach homœopathic clinic were burned.

The new Hahnemann Hospital was badly damaged by the earthquake, but was not burned.

Dr. C. B. Kinyon, of the homœopathic department, University of Michigan, sailed for Europe June 14th, expecting to be gone until October 1st.

Dr. Hills Cole, of New York, the very effcient manager of our esteemed contemporary, the North American Journal of Homœopathy, sailed for Europe June 16th, expecting to be absent ten weeks.

The free alcohol bill passed the House last month By virtue of this bill all alcohol used in the arts, sciences and industries and for fuel, light and power is free of duty. It must, however, be mixed with denaturalizing material, which destroys its character as a beverage and renders it unfit for medicinal purposes.

Dr. Harry Howland Chase, of Rock Island, Illinois, died May 21st, after a long illness due to operation infection. He graduated from Chicago Homœopathic Medical College in 1881, and had built up a large practice in his chosen home.

Dr. H. R. Arndt, of San Francisco, editor of the Pacific Coast Journal of Homœopathy, acting at the suggestion of the California State Homœopathic Medical Society, makes an appeal to the homœopathic physicians of the East for one year's subscription of $2.00 for the journal. We hope this appeal may meet with a large response, and that the Journal may thus be enabled to resume publication.

The Cleveland Press, Chicago, anounces the following new books soon to be issued:

The Organization, Construction and Management of Hospitals, by A. J. Ochsner, M. D., Chicago's rising surgeon. The Technique of Modern Operations for Hernia, by A. H. Ferguson M. D., Prof. Clinical Surgery, University of Illinois Everyday Surgery and Surgical Handicraft, by A. H. Levings, M. D., Surgeon to Wisconsin College of Physicians and Surgeons. Practical Dermatology, by Bernard Wolff, M. D., Dermatologist to the Atlanta College of Physicians and Surgeons. If these books reach the high standard set by this firm in former publications the world of medicine and surgery will be richer than ever. Reviews can be promised for an early date.

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Medical Century

A Journal of Homeopathic Medicine and Surgery.

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Paedology.

THE CHILD'S PRE-NATAL AND POST-NATAL PERILS.*

BY DR. JOHN Q. GARNER, ELWOOD, IND.

A patient once asked Dr. Oliver Wendell Holmes how soon the education of a child should begin.

He answered: "Two hundred years before it is born."

This is a truth recognized among breeders of fine stock and carried into practice with the most satisfactory results, both to the breeder and to the stock.

Much pleasure in these results has been derived, even among those that have no stock, in admiring the fine bred animals, as witnessed by the fable of the bull and the man:

"A magnificent Durham bull was quietly munching the juicy clover in a field one morning, when he was observed by a man who was passing. The man gazed at the bull admiringly, commenting audibly upon his fine points, and exclaimed: 'What a magnificent animal!' Really nothing could be nearer perfection in his species.

"The bull turned his head, gazed at the man pityingly, and, much to his amazement, replied:

"'Yes, you poor little degenerate shrimp, I am a fine animal, but if half as much pains had been taken in selecting your father and mother as were taken in choosing mine, you'd have been a fine animal yourself, instead of a measly little, two-legged nothing.'"[1]

The lesson so well taught this man did not profit him anything, as he "fell in love," just as his forefathers had done, and as his posterity have continued to do after him, without giving one thought beyond the gratifying of his own sensual passions. Not one man or woman in a thousand, when contemplating matrimony, give a thought as to whether they are best fitted to procreate the highest type of a child mentally, morally and physically. If conception takes place, more often than not it is undesired, and then a visit is made to the professional abortionist—"abortionists have become a public convenience as essential as blind pigs and bawdy houses, and everyone knows how necessary an adjunct they are to a Christian civilization."[2]

Under such conditions what may we expect the character of such a child to be? Conceived in lust, during the first few months after conception, its mother repeatedly tried to murder it; the last few months of gestation its mother was in an agony of fear lest it should be "marked" some way.

If it lives it is a weakly, puny child, inclined to be cruel, to lie, to steal and early indulges in sensuality.

Are the parents likely to realize how it is handicapped? Hardly.

That the sins of the fathers and mothers are visited upon the children even to the third and fourth generation there is no question of doubt.

It is a very common saying, "Blood will tell," "He is a chip off of the old block." The knowledge of this law of transmitted or hereditary traits should impel every man and woman to consider well the effect their pleasures and passions may have upon their offspring.

As to how these mental, moral and physical traits are transmitted there is a vast difference of opinion, but that does not release parents from their responsibilities, nor deprive them of the pleasure they may have in anticipation of begetting offspring nearer perfection than they are themselves.

"Whatsoever a man sows that shall he also reap," is an immutable law. If the sower, and he alone, could reap the harvest, it need not concern anyone but himself overmuch, but when his wife and children and children's children have to reap the large part of the harvest it is a much more serious matter and concerns us all.

He may exclaim with the Irish alderman of New York city: "What has posterity done for me?" and continue on in his sowing regardless of the harvest time, but the reaping time will come in which the sower will be held to account.

"Incontinence causes more disease and suffering, mental and physical, than all other diseases taken together."[3]

"Gonorrhœa is the direct cause of one-third of all cases of blindness."[4]

"Eighty per cent. of all children born with seeing eyes who become hopelessly blind a few days after birth is through gonorrhœal infection,[5] of which their fathers imagined themselves cured."

"Seventy-five per cent. of all hysterectomies are result of gonorrhœal infection."[6]

"Eighty per cent. of all women dying of disease of the reproductive organs are victims of gonorrhœal infection,[7] of which their husbands imagined themselves cured."

"One-eighth of all patients are in New York hospitals because of venereal diseases."[7]

*Read before the Indiana Institute of Homœopathy, May 24, 1906.

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"Two hundred thousand people walking the streets of New York are infected with venereal disease."[7]

"Fifty per cent. of the married women infected with syphilis contracted it innocently."[8]

"Fifty per cent. of involuntary childless marriages are due to gonorrhœa."[8]

"Forty-two per cent. of all abortions are caused by syphilis."[8]

Fifty per cent. of all cases of paralysis of the heart are caused by syphilis."[8]

"Seventy-five per cent. of cases of apoplexy are caused by syphilis."[8]

"Eighty per cent. of the men have had gonorrhœa and 90 per cent. of them remain uncured."[9]

"But of one hundred women who marry men who have had gonorrhœa scarcely ten remain healthy."[10]

"Gonorrhœa is responsible for infinitely more suffering than syphilis."[11]

"If the public knew of the dangers they were exposed to by people suffering with gonorrhœa they would be ostracised."[12]

Venereal diseases are a greater scourge than small-pox, yellow fever, consumption, typhoid fever and diphtheria. More people die every year from venereal diseases than all other diseases combined.

Facts might be cited without end, but if only one-hundredth part of that already given is only true it is time to make a change.

Well, you ask, What are you going to do about it?

It is very certain things will not be any better to continue as in the past.

Heretofore parents have thought ignorance was bliss, and that ignorance meant innocence. That it is immodest and vulgar to teach a child anything about sexual subjects. Because prudery said so.

Prudery and sensuality are synonymous terms.

Prudery is an affectation of innocence used as a cloak to hide sensuality.

Cowper Says: "To follow foolish precedents and to wink with both our eyes is easier than to think."

Frances Willard said: "When I was a girl for a woman to know very much about maternity and heredity was enough to make her morals questionable. Now for the prospective mother not to know and understand these things is known to be criminal."[13]

Dr. Corwan says: "What God has created no man nor woman need to be ashamed to read, talk of, learn and know."[14]

If it is a shame to have sexual organs and desire sexual knowledge, blame the Almighty for creating these organs and in planting sexual desires in every normal human being.

The shame is not pertaining to sexuality, but in shameful conceptions, and sensual practices, bawdy house expressions, made use of in speaking of sexual organs and their functions.

"Knowledge is the beginning of wisdom."[15]

The truth is always better than a lie, just as light is better than darkness.

If you love darkness, or ignorance, it is because your deeds are evil.

The child should be taught the truth on sexual subjects just as much so as on temperance or lying and stealing, or to avoid small-pox.

Before this can be done, as it ought to be, the men and women must be taught the truth, then they will be qualified to teach their children.

Now when the child asks where its baby brother comes from the old lie about the stork, grandma or the doctor bringing it is told the child. Then in the innocency and pleasure of its heart it tells its companions the doctor has brought his mother a little baby.

Some of these innocent little darlings, who have learned all about this lie, give the little fellow the laugh, and proceed to enlighten him in a truly "classical way," not as they have learned it from their parents, but from just such teachers as they are and on just such occasions.

The little fellow, shocked, and in the innocency of its heart, goes back to its mother's room, and with tears in its voice begins to tell just what it has learned, with an appeal to its mother to tell him it is not so. But before it can half unburden its mind it is snapped short off, told to stop such bad talk, many times with a blow and further punishment is threatened if another word is heard, or if he goes with those bad boys again.

Disappointed, deceived, outraged and with feelings of resentment against all concerned, he knows not who to believe or where to go for consultation. Forbidden to talk about it, he cannot go to his parents, grandmother or auntie, but he does meet some other children who have learned how green he is, and they proceed to further enlighten him in the same "classical way."

Like the child which has been deceived about Santa Claus, on learning the truth about the matter, he is very much ashamed at first by the deception practiced upon him; so, to ease his mind, he proceeds forthwith to inform some other child what he has learned, and in so doing show his superior wisdom.

Just so in the case under consideration, the child has lost confidence in his parents and has learned, in a vulgar way, that makes him feel ashamed, all about the subject.

At home, at school and on the streets he continues to "get wise," not only as to where the baby comes from, but on all other sensual subjects and practices, so that before he gets through the public schools he has graduated in sensuality and carries his diploma where all who run may read.

The daily paper, the theatre, classical novels and quack literature completes his education in this line in spite of your professed desire to keep him ignorant and, as you think, innocent.

His information is mostly false and grossly vulgar, so much so that he knows better than to express himself before his parents or ladies that he knows, but is proud of his proficiency when surrounded by his companions or away from home.

Not knowing the truth, how should he know of the dangers of self-abuse, or of prostitution, when he sees his companons indulging and hears men, who talk as though they know, tell what they have

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done, what a good time they had, and how quickly they got cured?

He proceeds to sow his wild oats with an occasional lecture from his father, who, perhaps, has a few more oats himself to sow, and the boy takes as much stock in such lectures as boys usually do.

Rumors of his riotous doings occasionally reach his mother's ears, but what mother ever believed anything bad she heard about her boy. "Every crow thinks its own young the blackest."

She consoles herself with the remark that he may be a little wild, but he don't mean any harm by it; that she knows he is good at heart. But, eventually, she becomes alarmed about him; he looks so badly and is not a bit like he used to be. She wishes he would get married and settle down.

Yes, he felt bad just as much as he looked. The fact is, he has gonorrhœa, but one of his friends has a sure cure. Cures him in a week or less, but he feels worse than ever, as they usually do. He now consults a "specialist," who guarantees to cure him in short order, and does soon relieve him of his—money.

He marries a fine, young girl, the picture of health and beauty, but with no more knowledge of her sexual functions, or the harvest in store for her reaping, than any other young girl.

In three to six months her health begins to fail, in twelve months she is an invalid.

His mother feels so sorry for her poor boy, he has such a hard time of it. It takes all the money he can make to pay the doctor bills for his wife, and then his own health is not so good, he worries so and loses so much sleep on account of his wife.

His poor wife, the unconscious victim of her husband's folly, continues to suffer, more than likely blaming herself for being such an expense to her dear husband.

Possibly, one or two weak, puny children are born to them, innocent victims of ignorance and lust. Why all this train of suffering and wretchedness?

Ignorance and sensuality.

Surely, if the boy had been taught the truth and made to understand the wrong personal danger and unhappiness in abusing and prostituting himself he could not have done any work.

If parents are made to know that their evil propensities—mental, moral and physical—are transmitted to their children, that local irritations of the sexual organs of little boys and girls should be corrected, they will guard against the one and correct the other.

If children are taught the truth, that they must not defile their bodies by self-abuse; that venereal diseases are dangerous to themselves and all with whom they associate; that multiplied thousands are suffering with these diseases and will never be cured; that more deaths are caused by these diseases every year than all other causes combined; that sensuality does not add to the pleasure of anyone, rather deprives them of pleasure, they will, many of them, profit by such instruction and choose the better way. They cannot do any more than they are, that is sure, while now it is done in ignorance of the price they will have to pay.

If you teach them the truth your conscience is clear, otherwise you are guilty of not having done your duty to prepare them for the battles of life.

I have no apologies to make for presenting this paper, but censure for those who are better qualified to speak and have kept silent.

[1]Lydston.

[2]Journal Record of Med.

[3]Educational Pamphlet No. 1.

[4]Sanders' Atlas, p. 113, External Diseases of the Eye.

[5]Valentine, The Boy's Venereal Peril, p. 7.

[6]Morrow, paper read before Am. Society of Sanitary and Moral Prophylaxis, Feb., '05.

[7]Valentine, The Boys' Venereal Peril, pp. 5, 6, 7.

[8]Charities and Commons, Feb. 24, '06, pp. 7, 15.

[9]Ricord, Morbid Results of Latent Gonorrhœa in the Female, 1872.

[10]Noggoreth, Lydston, Gonorrhœa and Its Treatment, p. 126.

[11]Lait,, Wood's Text Book, p. 383.

[12]Halbert's Practice, p. 251.

[13]Reddell, Heredity and Prenatal Culture, p. 50.

[14]Reddell, Heredity and Prenatal Culture, p. 49.

[15]Solomon.

ACUTE SUMMER DIARRHŒA.

BY ALFRED WOODHOUSE, M. D., TRENTON, N. J.

[Read before the Hahnemann Clinical Club of Trenton, N. J., May 18, 1906.]

The subject was suggested to me by the constantly increasing evidences of the approach of hot weather, when high temperatures favor the rapid growth of all sorts of bacteria, and circumstances favor the ingestion of an array of edibles in a more or less indigestible condition. Besides this, there is probably no class of diseases so dangerous or menacing to young life as summer diarrhœas, from the lightest grades to the deeply acting systemic intoxications of which intestinal flux is but a severe system.

In this paper I shall confine my remarks more particularly to the differential diagnosis of the most common and severe forms, and the therapeutics of the same, and in this way serve as a reminder rather than as an instructor of those points relative to this class of diseases, which the winter months and totally different diseases have helped us to forget to some extent at least. For the same reasons I shall refer most particularly to the diarrhœas of children rather than adults, since it is in the diagnosis and treatment of diarrhœas of children that no mistakes can be afforded, the disease being so virulent in the deep cases and by no means light in the simpler cases that it behooves the conscientious physician to be "wise" almost immediately to the exact conditions present, that his remedies may commence at once their therapeutic and healing qualities. Particularly is this true in chlorea infantum and the severer forms of ileo-colitis and dysentery, when the prostration and systemic intoxication is so intense that the young life is snuffed out almost be-

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fore a physician has had time to "sit up and take notice," to use a provincial term, slangy but expressive.

In looking up this subject, I found there was as many classifications to this disease as they were authorities, but what appealed most sensibly to me was that one which divides the disease into

1. Infectious.
2. Non-infectious.

Those cases in which bacteria play a great part and those in which they do not necessarily appear, or, at least, cause little trouble.

The non-infectious are subdivided for the purpose of simplicity into

a. Nervous.
b. Irritative.
c. Inflammatory.

About the nervous forms of diarrhœa I shall say little, since they are readily diagnosed and easily cured, except the central nervous disease, and never dangerous.

The irritative form, however, is exceedingly common during the summer months, and particularly in young children. It consists of simple diarrhœa, usually painless, except for more or less colicky pain, with or without vomiting at the outset, and usually without fever at the outset. It is caused by the ingestion of indigestible foods (unripe fruits, nuts, etc.), also by anything which inhibits suddenly the digestive processes, such as a chill, over-heating and the light. Action is purely mechanical, the stomach and intestines endeavoring to extrude a foreign body, the flux ceasing with the expulsion of the offending material. The diagnosis of this variety depends upon the history of the case. Pathology, congestion.

Inflammatory or Catarral Form.

This variety is the one that can be referred to as enteritis or gastro-enteritis or entero-colitis, and is often conflicted with the infectious variety, the ileo-colitis, the great common diarrhœa, and in many respects this non-infectious variety resembles the infectious one. The symptoms are less severe, however, and the results of simple treatment are rapid. This variety is due undoubtedly to a constant and prolonged error in dieting, a careless attention to a constipated condition of the bowels, over-feeding and improper food. In infants milk not suited to the digestive apparatus of the child, impoverished maternal health, if in breast-fed infants, or a too great proportion of fats or proteid in either bottle or breast fed children.

However, whatever the food or conditions present, the real cause is continued error in dieting, which induces a low grade inflammation of the intestines, which gradually leads to a catarrhal process with its attendant inhibition of digestive processes.

The symptoms occur gradually, vomiting is rarely ever present and the cardinal symptoms appear in greater frequency as the disease progresses. The stools are more watery, much mucus appears in considerable quantities surrounding undigested particles of yellow and greenish materials. Fever may or may not be present, and is never high when it does appear. The children do not appear to be very sick. There is little or no prostration until the patient becomes devitalized by the loss of so much fluid and the loss of food absorption. The stools seldom number more than five or six daily. The color changes from yellow to green, the so-called "spinach and eggs" variety, being due in some cases to bacillary action, and in other cases (usually) to perverted biliary secretions.

Unless carelessly treated or neglected this form is almost never fatal, but its prolonged presence may superinduce conditions of malassimilation and inanition, even rickets.

The history, cardinal symptoms of colicky pains, flatulence and dyspeptic stools, together with an absense of severe systemic systems at the outset, readily diagnose the case.

This variety, however, forms a splendid field for the development of the infectious diarrhœa.

Infectious Diarrhœas.

a. Ileo-colitis.
b. Cholera infantum.

These two forms of diarrhœa and more particularly ileo-colitis constitute the most common and grave diseases we have to contend with during the hot weather, and while they are by no means confined to the more ignorant and poor classes,' nevertheless the great bulk of them is found in the crowded parts of the cities and amidst anything but hygienic surroundings. The literature upon this subject is extremely simple to read and understand, the pictures clear-cut, the diagnosis almost a sinecure, but what experience I have been fortunate or unfortunate to have had with these two diseases have taught me to look upon the classical picture of them as drawn by our eminent authorities with a great deal of skepticism, or, at least, with a lessened confidence in their helpfulness. True, occasionally one does meet with a case here and there with a sudden high fever, frequent bloody or rice water stools, symptoms of collapse, nervous phenomena in abundance, cases where the diagnosis is written all over the symptom picture, but for most part, my experience, and, indeed, the experience of nearly every one with whom I have talked with on this subject, has taught me that the symptoms are all jumbled up and it is next to impossible to obtain a clear diagnosis of the pathological condition one has to deal with. In so many cases one finds acute symptoms interposed upon chronic ones that to find the remedy one has to be a therapeutic wizard. Mothers of the ignorant classes where these cases are unfortunately most prevalent, treat with indifference, it would seem, what they call an ordinary looseness of the bowels, until catarrhal or even ulcerative changes have taken place in the tissues, and the child's life menaced, then, when symptoms of collapse and dysenteric or choleraic conditions set in, they send for the doctor, and the doctor is put to it to know how to treat the gamut of acute symptoms, while the old chronic or subchronic conditions constantly and persistently augment the acute disease and nullify the action of re-acting remedies.

Until I became acquainted with the mortality of these diseases and found that from 30 to 60 per cent. of them were fatal, I used to attend these patients with a great deal of reluctance and feeling of fatalism and helplessness.

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Remedies indicated refused to act. Instructions as regards diet or hygiene are for the most part poorly obeyed, the surroundings were the same, the weather unabated. Indeed, it is a sort of wonder to me that any cases get well.

But as to the diagnosis of these two grave diseases, if there is a history of a previous diarrhœa, or even an ordinary so-called "looseness of the bowel," with more or less depletion of physical health, the diagnosis between cholera infantum and ileo-colitis cannot be made upon the gravity of the general condition of the patient. For instance, given a patient who suddenly develops a high fever, great increase in the number of stools, an increase in the watery and serous elements of the stools with rapid pulse, prostration, dry tongue, sunken eyeballs, cold sweat, which tends toward a rapidly fatal termination, some slight convulsive movements, rolling of the head, and the probability is you have to deal with a choleraic condition; on the other hand, ileo-colitis grows worse more gradually. The infection while virulent is much less prostrating in the earlier stages, the stools show a greater tendency toward a bloody mucous flux with tenesmus, due to the greater involvement of the lower bowel, the restlessness and pain is greater owing to the lesser involvement of the entire system, I should say rather the less virulent quality of the infection hence less prostration, more strength.

The diagnosis between these two forms is necessary only that the physician may make a correct prognosis, since in either case his treatment must be vigorous and sure. If the symptoms have lasted twenty-four to thirty-six hours, the condition to contend with, then, is, in any event, one of ulceration of the bowel and consequent ileo-colitis. The prognosis then depends upon the ability of the patient to withstand the disease until treatment has a chance to overcome the infection of the system and arrest the inflammation and ulcerations of the bowels.

So that it can easily be seen that while the diagnosis between these two diseases is comparatively easy when no previous involvement of the bowel has obtained, it becomes a matter of much difficulty when they are superimposed upon a previous inflammation of the intestinal tract, particularly when the choleraic infection occurs at about the time when the bowel is about to ulcerate, the tendency being to involve the colon and lower bowel, thus obscuring the clearness of the symptoms if present.

"WORMS."

BY BERNARD CLAUSEN, M. D., HOBOKEN, N. J.

When we say "worms" our thoughts and imaginations immediately turn to a vivid picture, namely, a pale-faced child with dark rings under the eyes, puny, fretful, always picking its nose and showing general nervous disturbance, or it may carry us on to a more advanced condition of an adult troubled with flatulence, voracious and vicarious appetite, and possessed of a little bottle containing a small piece of hard, white, slimy substance. Aye, like the picture of the boy beating the assembly, advertising Babbitts's 1776 soap powder, we see it so often we pass it by and it does not make any impression on us. Suggest "worms" to the zoologist and he thinks of the numerous little creatures running throughout the length and breadth of our land; suggest "worms" to an ornithologist and he thinks of the little critters that make the birds loose their feathers and droop their little heads; suggest "worms" to the registrar of our libraries and he immediately thinks of the fellow who can't seem to find time or anything else but read, read, read. Yes, the bookworm. Mention to a faithful follower of Martin Luther "worms" and he thinks of the historical event when that monk was summoned before the Diet at Worms to stand trial for his so-called heresy. But mention "worms" to a doctor and he draws his mind pictures as first described.

We cannot in this paper discuss the sand worms, the book worms, the ground worms, nor the comedones and other like wormy products, but the object of this paper is to discuss the worms peculiar to the intestinal tract of man, woman and child. Of this class of worms there are about four hundred different varieties, some seen frequently, others occasionally, and now a few of them only rarely. The frequency of occurrence of intestinal worms is proportionate to the extent of the use of uncooked or insufficiently cooked meats, the drinking of unfiltered standing water, uncleanly habits and the intimacy of association with the domestic animals. They commonly gain access to their hosts through the food and drink. So long as they remain in the intestinal canal they may occasion little or no trouble or disturbance. Generally, however, it is when they occupy other positions to which they have migrated from the intestines that they induce aggravated symptoms proportioned to their numbers and the nature of the organs they infest.

The most commonly found "worms" in the human organism are the cestodes, or tape worms; the acanthocephali, or thorn-headed worms; the trematodes, or fluke worms, and the nematodes or thread worms. Of the first named, there are about sixty different varieties. I need not describe to you the tape worm, its broad, white segmented body is quite familiar to all of you, and the most interesting part of this worm, its head, needs very little description. Like the country relative who, visited by his city friends, he takes them all for suckers, and so the beastly tape worm has his share, yea, more than his share, whereby he clings to the mucous membrane of the intestines. The worm has neither mouth nor intestines, but is nourished in imbibition from the surrounding liquid in which it constantly lies and is bathed.

There are three common species of tape worm: The beef tape worm, also called the unarmed tape worm; the pork tape worm, also called the armed tape worm, and the fish tape worm, also called the broad tape worm. It is well, might I remark at this stage of my paper, that there is to be no banquet in connection with this annual meeting, for it would be difficult to select under the power of which worms we would allow ourselves to be placed. The general appearance and growth of the three varieties

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are approximately the same, except that the pork worm is soft, white and not quite so long as the beef worm, and the broad worm is grayish in color and has broad segments.

It had for a long time been supposed that only one tape worm could infest a human being at one time, but this is not so as it is possible for two or even three different varieties to exist in one set of intestines, and be expelled at different times under treatment.

The pathology and symptomatology are too well known to require repetition here. Suffice it to say that the best way to make a diagnosis of tænia or tape worm is to be sure you have a worm by the segments evacuated before you treat for worm. I have seen tape worm a frequent complication of pregnancy.

Treatment is expulsion. Ethereal extract of male fern, kousso, pumpkin seed are efficient. The "critter" will not let go from high dilutions, but first turn the rascal out, and then your China, Asafœtida, Pulsatilla or Sulphur will come in charmingly.

The latest discovery by our friends from the other side, who are always discovering things, is the statement recently publshed that the tape worm is antagonistic to the tubercle bacillus, and like the sparrow hawk, when he sees the little weasel slowly wending his way amidst the brush and slime of the meadow, will swoop down and try to eradicate, eliminate and practically wipe from the face of the earth this innocent and playful creature, so the tænia solium, or the tænia saginatia, essays forth on the human system and wipes out the villianous tubercle bacilli, which, unlike the weasel, is causing so much distress and death in the world. Would that it could be true. Aye, then might the following clipping from the Doctor's Factotum be true and our greatest and most dire fears would be allowed and overcome:

"You may talk of your care in the out-door camp
For them with the faulty lung,
And sing of your climate and creosote
As their praises were never sung;
You can praise to the skies and the mountain tops
The oil of the wily cod—
The patient still suffers from t. b. c.
And takes his six feet of sod.
And the 'great white plague' still reaps them in,
And we are compelled to say,
'There may be a certain and speedy cure,
But we haven't found the way.'

"But out of the cultured and learned East
We learn when the tape worm lies
Warmly encased in the inner man,
The tubercle germ it dies,
And the lung that was once his lodging place
Is freed from his sinful toil,
And there is no need for the creosote
And none for the cod fish oil.
So give to the poor consumptive, then,
A setting of tape worm eggs,
And feed him a spoon of tape worm links
When he for your treatment begs;
And when the old worm his battle wins—
And then on him we will turn,
And feed the patient on pumpkin seed
And doses of fresh male fern.

"And now let's turn to the other worm
Which has so long itched our children,
And try to bring from the same old churn
Some scheme which will help to rid 'em.
I mean that white thing, though so small,
It causes lots of trouble,
And often makes our children bawl
And make their stool to bubble."

The nematodes, or thread worms, are slender, cylindrical worms, spindle shaped, and derive their name from their location of attack as seat worms. It is the most common parasite of man, prevails everywhere, and is peculiar to him. The nematode is exceeding prolific, and we might almost call them contagious. Itching of the anus, produced by their presence, causes scratching, and then children will unconsciously pick at the nose or lips, and thus transfer the ova, and cause greater production. Pepper says, "Thus, too, may uncleanly nurses who may be infected with seat worms, often scratching, handle food and infect the children under their charge." The little villian attacks all forms of society and causes more perceptible distress than any other worm. Leucorrhœa in children is frequently caused by the transmigration of these little creatures to the vulvar mucous membrane.

The symptoms produced by these parasites are myriad, but the most common from a diagnostic point of view are itching at the anus, picking of the nose, irritability, local as well as general, and restlessness, grinding of the teeth is frequently seen. Choreic symptoms are even sometimes produced. All the symptoms are worse at night, as a rule, because, presumably, of the position of the patient, and also the heat of the bed.

The treatment for these little rascals, unlike the tape worm, by expulsion, is coaxing. They will stand more coaxing than a refractory donkey will. They will fool you just about as much and as often. The old method of dosing with Epsom salts and Senna seems to have passed by; either the worms are wiser or else the salts are weaker; but now, in the twentieth century, other means are resorted to. The best coaxing method is to grease the rectum for ten nights on retiring with lard, and then each morning use a copious enema of warm water. The worms seem to live in fat, and they will, as is their custom, come to the anal end, and become embedded in the lard, and, then, by the copious enema, they are washed out into the place where they belong.

After the worms are washed out the nervous symptoms usually subside, and the youngster is once more a good mark for all the todes in existence.

The ascarides lumbracoides, or round worms, are much larger, and are found in any portion of the child's internal anatomy, yea, even that of grown people.

The fluke worm, or liver worm, is not very common to mankind, being found usually in sheep. It is similar to the tape worm.

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Time will not permit one to speak at length of the

trichina, the thorn-headed worm, the whip worm; suffice it to say that there are over 400 different varieties of worms to which man and the domestic animals are heir, of which number 147 are peculiar to mankind in a lesser or greater degree.

Turn the rascals out,
This our cry should be.
We must put them to rout
And always get our fee.

They've caused a deal of pain
And soreness, too, they've made;
And so with might and main
We must go in and raid.

We're often stuck for fair
To tell just what it is;
Sometimes the worm is rare,
But that's nobody's "biz."

If tape, or round, or pin,
Be sure what you're about.
You must go in and win,
And turn the rascals out.

So Jersey Medics, one and all,
No matter how the compass turns,
When we are summoned to a call,
Let's not forget it might be worms.

[Read before the New Jersey State Hom. Med-Society at Trenton, N. J., May 2, 1906.]

Obstetrics.

SOME OF THE CAUSES OF STILL-BORN CHILDREN.

BY F. C. SPATES, M. D., ST. PAUL, MINN.

When one has a case of dystocia to manage the first thought is the welfare of the expectant mother; of secondary consideration is the best manner to proceed to bring into the world a living child, for in most cases a dead baby disappoints the parents, and to the conscientious accoucher it has a depressing effect.

I am certain that one cause of still-born babes is delivering by forceps before the uterus is completely open, death being the result of pressure of the umbilical cord against the os or bony structures of the canal, or to a too long application of forceps to the head of the child, or to too long traction on cervical tissues of the child.

I am certain another cause of still-births is too long retention of baby in lower part of parturient canal after the head of child has emerged from the uterus; the tardiness of labor being due to rigid perineum, inertia of uterus, or feeble efforts of the mother. I delivered a live child for a midwife a year ago, but it died twenty-four hours after from apparent exhaustion. as it was a long time after birth of baby before respiration and circulation was established. I found the child's head low down against the perineum, and the midwife saying it had been in that condition for a long time.

I delivered a woman a few months ago under the following circumstances: She had been in the first stage of labor for ten hours, and was becoming exhausted apparently, and wanted me to do something to hasten labor;; the uterus was not fully dilated, but I yielded to her desires, believing, as I had done before, that I could apply forceps through an undilated uterus above the superior strait, and deliver with safety to mother and baby. I delivered slowly on account of condition of womb, but was disappointed with a still-born child as a result. I feel now that I hastened the delivery too much and did not appreciate the condition of mother, but yielded to her importunities too soon.

My experience is that the average mother can endure the travail of labor a long time without showing any signs of exhaustion; consequently I believe many cases of still-birth are the result of too early application of forceps under similar conditions, as I have just related. I certainly did not expect such a result, as I have many times conducted labor in the same manner with living children.

I will relate another experience which will enlighten us regarding another probable cause of the still-born. The case, a primipara, was becoming exhausted from a tedious first stage, and I delivered a seven pound baby dead through a partially dilated uterus. She had never felt vigorous movements any of the time, and for twenty-four hours prior to delivery she had not felt any life; the cord encircled the neck twice, and the placenta came away spontaneously almost as soon as the baby was born. Query: Was death of baby due to constriction of circulation from cord around neck or to detachment of placenta prior to birth? If so much of cord was around neck the length of cord from child's neck to placenta must be so short that in delivery the cord would either have to sever or the placenta become detached before the child could be delivered. I delivered this lady slowly for the same reason as in preceding case, viz., to give time for uterus to dilate and prevent laceration. If I am correct in my theory regarding cause of death of child, my management of the dystocia was not the cause of the still-birth, but death was unavoidable from either the umbilical cord around neck of child or to the separation of the placenta prior to its birth.

We are told by those of large experience that head last cases are hazardous to child, and all of us can verify this statement, although we have had many cases of breech and feet presentation with living children. If a child is small and pelvis capacious, and uterus fully dilated, there is little danger to head last cases; but if you have an undilated uterus, narrow pelvic cavity, and slow birth of either footling or breech, your chances are a still-birth resulting.

I have given some of the apparent causes of the still-born, some unavoidable, some doubtless the consequence of an error of judgment of the accoucher; there are other causes of the still-born, but my paper is too long already, so I will leave the rest of the subject to others more competent than myself to write about. [Minnesota State Society.]

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Homoeopathics.

SYMPTOMOTOLOGY, ITS PRACTICAL APPLICATIONS AND LIMITATIONS.

BY G. A. LEACH, M. D., MORRIS, ILL.

I realize, in attempting to speak on this subject, that I am invading the realm of every good Homœopath that I am attempting to discuss a subject that has been builded and rebuilt by our great leaders in materia medica, a subject that will continue to be studied and viewed from different personal standpoints as long as Homœopathy exists, which will be as long as Father Time allows this world of ours to continue in its regular cycle. Therefore, in treating this subject I shall only attempt to give my personal views as they have come to me in my experience, not expecting to add to your knowledge, but possibly to present it from a different view point.

The study of materia medica has always been a fascinating one to me, beginning as I did some twenty-five years ago to pore over some musty old school works where symptomatology was unmentioned; all drugs were classed at alteratives, diaphoretics, aperients, diuretics, etc.; diseases were treated by name, and certain drugs were good for certain diseases. Next I imbibed some eclectic principles, found that different drugs had different action, certain peculiarities of their own, and, if we expected to get results from the administration of a certain drug, we must look for certain indications as a guide to the selection of the remedy.

I could see no reason in Homœopathy in those days. All the books at my command only gave the different symptoms for different drugs. I could see no reason for giving Belladonna for a fever when patient had flushed face, bounding pulse and dilated pupils, and Aconite when temperature was just as high but skin dry, throat parched and face pinched, or Staphisagria for a neuralgic toothache preceded by a family quarrel, and Mercurius solubilis when from ulcerated root.

It was not until '85, I think, that I was induced to purchase the "Organon" and really study Homœopathy.

Symptomatology, generally speaking, we may say is the outward picture of the condition of the inner man. In the practice of medicine we have to deal with mankind as a member of the animal kingdom, having the highest developed type of life force. When this highly developed life force gets out of harmony with its surroundings in any way we call it disease, which disease is shown by certain symptoms.

We are taught as Homœopaths to treat and cure disease by the great law of Similars. It remained for our great leader, Samuel Hahnemann, to demonstrate this great law as relating to the practice of medicine only a little over one hundred years ago. Now we are beginning to see that the law of Similars not only relates to medicine but seems to be a universal law beginning with the time when our Creator made the first man from the dust of the earth (twelve different chemicals) "in His own image," "Like unto Him." If "Like unto Him" it must be mentally and spiritually as well as physically, and when out of harmony with our Creator spiritually we are indeed diseased, and the cure lies in restoring that harmony that has been disturbed. (You see our Christian scientists are Homœopaths of the highest type.)

We employ as remedies in treating disease, plants, very largely, some animals or ainmal extracts, rocks, various chemicals, etc., but each different remedy has peculiarities of its own. We, as Homœopaths, judge of the action of remedies, too, largely, I think, from the symptoms found by provings.

I feel that first we should take into consideration the natural habitat of the drugs, the nature of soil grown on, if a plant, and the natural surroundings, climate, etc., as well as the peculiarities of growth—all this should enter into our similia, and if given more careful study, would eliminate some of the multiplicity of symptoms accredited to so many of our remedies, and that are so confusing to new students of homœopathic materia medica; yes, and older ones as well.

For instance, Aconitum napellus is a plant native in Europe, mostly in the central part, in Switzerland and rough mountainous countries, is a pioneer in growth and also in use, is a hardy plant growing in hard places and you expect to get vigorous action from its use. In varied physiological doses it produces chills, congesting internal organs, raised arterial pressure, then moist skin, softened pulse beat, relaxed heart and cardiac paralysis. You would not think of using Aconitum in the depressed, languid, sluggish, feverish condition that we all recognize as belonging to Gelsemium, while Gelsemium is singularly adapted to such a condition because of its home and habits as well as provings. It is a climbing plant native to the Southern States, where the more even temperature has a tendency to relaxation and an easy method of living. The action of Gelsemium is principally on the motor nerves of spine centering in the medul'a In small doses it will stimulate those centres to throw off that depressed, languid, "want to be let alone" feeling, but you cannot expect it to cure a case of spinal paralysis.

Zinc is an element somewhat pliable, easily moulded, in several of its combinations is very soothing in its nature, and in other combinations is a remedy we think of in conditions of nerve irritation and exhaustion. It is a standby in a great many cases, but when you are treating a case of neurasthenia that has been years in coming, and the patient well advanced in age, do not expect your remedy, whether Zinc or what not (although it may be the indicated remedy), to make the person young again or to improve too rapidly.

Silicea is made from flint, one of the hardest of substances, and used in conditions affecting the frame-work of the system, yet you would not expect to grow new bones by giving Silicea. There is a limit to the uses of our remedies. Silicea may restore a reduced nerve tone, or possibly repair a dis-

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eased periosteum, but you cannot expect to cure a well established hip-joint disease.

Hamamelis is a shrub, grows quite generally from Canada along the Atlantic States, seems to depend on the tannic acid and a volatile oil contained for its action, grows freely widely distributed as it is used freely and quite generally. It is indicated in some cases of inflamed hæmorrhoids, and will cure them, but you would not exepct to reduce venous enlargements that have become a fibrous clot, or neither from a contracted sphincter that does not allow the return flow of the venous blood. We should think not only of the nature of the remedy we are using but also of the pathology of the conditions we are trying to treat. There may be some physiological obstruction to the action of our remedies, which, if possible, should be removed, then study carefully the symptomatology, keeping closest to those symptoms that you know can be explained from a pathological standpoint, making thereby a practical application of our great law of similars, yet recognizing its limitations, and there will be fewer disapointed Homœopaths who forsake Homœopathy for the old school because so much easier, and less chance for the old school to censure our method of practice.

A poor Homœopath is yet better and safer for suffering humanity than an old school practitioner, but a good Homœopath practicing intelligently our universal law of Similars cannot go wrong, for he has nature as a partner. [Read at 51st annual session Ill. Hom. Med. Asso., May 10, 1906.]

Ophthalmology.

TREATMENT OF LACHRYMAL STRICTURE.

BY R. W. HOMAN, M. D., WEBSTER CITY, IA.

[Read before the Hahnemann Medical Association of Iowa, May, 1906.]

While there is nothing especially new to offer on this subject, it is important that we keep in mind the main points on account of the numerous cases that present themselves for treatment.

Lachrymal stricture may occur at almost any point in the lachrymal apparatus; in the puncta, the canaliculi or the nasal duct below the sac. As the prognosis of any case is closely linked with the treatment, and as the treatment depends on the conditions present, a brief review of the causes and varieties will be of first importance.

The majority of the cases of lachrymal stricture are the result of the upward extension of nasal catarrh. It has been found that conjunctivitis of any form very rarely causes lachrymal stricture or inflammation, although the morbid discharges in this disease are constantly passing through the lachrymal apparatus. But, on the other hand, a conjunctivitis may result from lachrymal disease. In a large number of cases the stricture will be found in the nasal duct just below the sac. In these cases at first only a collection of tears in the sac will be observed, but later distension of the sac causes purulent inflammation and a condition known as blenorrhœa of the sac follows. The symptoms calling attention to this condition are first a watery eye, the tears constantly running over the cheek and having to be wiped away. At the same time an enlargement on the side of the nose appears, due to distension of the sac from which tears can be pressed out into the eye, and later, muco-pus. On account of the infectious nature of this discharge these patients are in constant danger of acute lachrymal abscess, or serious infection of any wounds that may take place either as a result of accident or surgical operation. Too much emphasis cannot be placed on the danger of operating on the ball of the eye during the course of a dachryocystitis, as such wounds are liable to infectious inflammation resulting in destruction of the sight or even of the entire ball. The individual who has a stricture of this kind is running a great risk if he neglects to have it properly treated.

Strictures that occur in the canaliculi or in the puncta are not so serious because usually they only interfere with the drainage of the eye, with a resulting conjunctivitis from irritation. These conditions should also be promptly treated to re-establish drainage.

Stricture may be caused by syphilitic conditions of the lachrymal and superior maxillary bones. Traumatism is the cause of some cases, and lachrymal sounds in careless or unskilled hands often do more harm than good.

While the prognosis should always be guarded a large majority of the cases of a catarrhal nature will recover with proper treatment. Bony strictures or those arising from syphilitic caries of the bones or from traumatism, may be considered incurable except in rare cases. Thus it will be seen that the prognosis will depend on the permeability of the stricture, the cause, the surrounding conditions and the duration of the disease.

The treatment is both medical and surgical. As acute lachrymal abscess is a result of stricture of the nasal duct its treatment should be mentioned here. As a rule, this condition is but the culmination of neglected obstruction. The physician is usually not consulted until the inflammation has made considerable headway, and there is a dark red, shining swelling between the inner canthus and the nose, whih might easily be mistaken for erysipelas but for the history of the case.

In these acute cases the treatment should be purely medical and adjuvant, unless it is seen that pus is liable to break out through the skin, when the abscess should be lanced. If left to break out through the skin the ragged opening thus made is much more apt to result in a permanent fistula than is a clean cut incision. In the first stages of acute inflammation I would use dry heat, locally, and if the case continues, moist heat should be used later to hasten suppuration. In the latter case compresses wet with hot water and Calendula or Arnica should be used part of the time to relieve the intense soreness. Internal remedies are of the utmost importance here. If the case is seen early before there is any sign of suppuration Belladonna 2x is my usual

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prescription, and it will sometimes cut short the attack if the history doesn't show a previous mucopurulent discharge, but even then it will assist materially in controlling the inflammation and the intense pain. If we suspect that the case is progressing toward pus formation (and in thirty-six to forty-eight hours this is probable), there are three remedies that will help us to arrest suppuration. They are Mercurius solubilis, Hepar sulphur and Pulsatilla.

Where hot applications are agreeable to the patient and cold aggravates, I would use Hepar sulphur. In those cases where cold applications are pleasing to the patient and heat aggravates the pain Mercurius solubilis or Pulsatilla will be useful. In dark haired persons with night aggravation use Mercurius solubilis, and in light haired people use Pulsatilla. As before mentioned, nothing can be done surgically to open the stricture until the active inflammation has subsided. If the abscess is lanced or breaks of its own accord, it should be thoroughly irrigated through the fistulous opening with a weak solution of Boracic acid and Calendula, but this should not be kept up unless pus is constantly discharging, as it will prevent the fistula from healing. In some of these cases resolution will take place, in others the pus will finally pass out through the canaliculi, and in still others the pus must be evacuated externally. If a fistula persists nothing should be done to close it until the stricture of the duct is opened by the proper course of treatment. After good drainage is established the fistula may be closed by a few light applications of the cautery, or the edges may be freshened and the opening closed with stitches.

As we are not treating simply an inflamed eye but the whole patient as well, it is highly important to keep the bowels and kidneys free even by the use of mild laxatives and diuretics if necessary. But to stimulate the bowels and liver I would first try six-drop doses of the tincture of Chionanthus three times a day, and as an eliminant for uric acid a two- or three-drop dose of Urtica urens tincture three times a dav.

The usual case, however, that presents itself for treatment is the chronic case where obstruction has existed for some weeks or months. In these cases we must open the drainage canals and keep them open by judicious probing until they heal. First press out the contents of the sac, then enlarge the punctum, usually the lower, by a small incision. For this purpose use a probe-pointed lachrymal knife. Weber's is a good one, although there are several. But choose a knife whose probe-point is smaller than the tip of a No. 1 lachrymal probe or sound. Enter the point in the punctum with the knife almost in a perpendicular position, but immediately depress the handle until almost horizontal, pressing the instrument gently toward the nose and turning the edge of the blade slightly toward the inner surface of the lid so that the enlarged opening will the better receive the tears from the eyeball. Make only a slight incision, not more than one-sixteenth of an inch. I am aware that some surgeons split up the whole canaliculus, but I consider such a practice useless. Such an incision is unsightly, and is apt to draw away from the ball and prevent the entrance of the tears. The smaller incision gives better drainage. I believe the surgeon should leave parts in as near the natural position as possible. As soon as the punctum is incised introduce a No. 1 silver probe, slightly curved. Hold the probe almost horizontally with the concave side up and press gently inward until the point comes against the side of the nose. Next introduce probe No. 2 in the same way. Then take a lachrymal syringe (Agnew's is a good one) and inject into the sac two or three drops of cocaine, four percent. solution. After waiting a few minutes for it to dull the sensitiveness of the sac, take up probe No. 1 again and introduce it as before until it cames in contact with the side of the nose, then raise it to a perpendicular position with the concave side forward and press gently downward and slightly backward until the point of the probe rests on the floor of the nose. Some strictures require considerable pressure to put the probe through them, but the work should be done as gently as possible. Probes No. 2 and No. 3 may also be used at the first sitting, and larger probes may be used at later treatments. But a No. 3 probe will usually give good drainage.

After the use of the probes the sac should be washed out by syringing into it fluid Calendula, 1 part to 2 per cent. Boracic acid, 4 parts. If pus should persist more than ten days I would wash out the sac with a 1 per cent. solution of Protargol. Probing should be done in these cases three times a week, and kept up until the canal will remain open, ranging from three to six weeks. I refuse to treat nervous children and individuals who cannot present themselves frequently enough to make the treatment a success. It must be remembered that if this treatment is once begun it must be kept up with frequency and regularity for a sufficient length of time or it is worse than useless. But with the majority of those who will attend to the treatment faithfully it will be a success.

Internal remedies are very important in chronic cases as well as in acute. During the treatment I have the patient take either Pulsatilla, Mercurius solubilis or Silicea, although other remedies may be indicated. Of these I consider Pulsatilla by far the most important, and use it in every case, unless I think some other remedy is indicated.

Diagnosis.

THE CYSTOSCOPE AS AN AID TO DIAGNOSIS.

BY E. E. ROWELL, M. D., STAMFORD, CONN.

The statement frequently made by some genito-urinary surgeons, that the use of the cystoscope should be left entirely to the expert is, I believe, a little far fetched. While it is true that cystoscopy carelessly performed is a dangerous procedure, yet, if the physician preserves a careful technique, it is a harmless one.

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Its use has revolutionized our knowledge, diag-

nosis and treatment of diseases of the bladder, ureter and kidneys, and diseases which formerly were obscure and little understood, by its use are now recognized and treated intelligently. The whole mucous surface of the bladder can be examined, foreign substances located and described, tumors and ulcerations detected, and diagnosis made with the certainty of being accurate. For this reason in many instances it prevents useless or harmful treatment in cases presenting subjective symptoms of cystitis, but in which no inflammation of the bladder really exists.

The cystoscope is our only means of estimating the amount of obstruction existing in prostatic hypertrophy.

Following lithopaxy the cystoscope should be used at regular intervals to see if there is any reformation of the stone.

While in the majority of cases simple diagnosis of stone can be made with a searcher, if small, they may be entirely overlooked or pushed along in front of it without being discovered. With the cystoscope a stone can readily be seen, its shape and size noted, the number counted, if more than one, and the mode of operation best suited to that particular case determined. At times diagnosis of stones have been made by means of the searcher, but none found at the time of operation. With the searcher encysted stones, or stones in pouches, are entirely overlooked, and only with the cystoscope can they be diagnosed to a certainty.

Foreign bodies may be entirely overlooked with a searcher, especially if they are of a soft material, as a bit of catheter, but they are readily distinguished with the cystoscope.

Gonorrhœal cystitis was formerly believed to be an inflammation of the entire vesical mucosa, but with the use of the cystoscope it has been demonstrated that it is limited to the region of the trigone and the neck of the bladder. Frequently a tubercular cystitis has its origin in the site of an old gonorrhœal inflammation.

At times papillary hypertrophies follow gonorrhœal cystitis, and are the starting point of many of the bladder tumors. Tumors of the bladder may exist for some time without giving rise to any symptoms to indicate their presence, but with the cystoscope can be readily seen, and in some cases their character determined. Unfortunately, it is not always possible to definitely state the malignancy of a tumor from its appearance without a histological examination. Generally speaking, however, single growths with a small pedicle can usually be called benign. Growths with a broad pedicle are generally malignant.

The following case illustrates the value of the cystoscope as an aid to diagnosis:

Mrs. Annie T., aged 41. Family history negative.

Peritonitis fifteen years ago. Two attacks of cystitis, one nineteen and the other two years ago.

General condition poor.

About fifteen months ago had an attack of inflammation of the bowels. Immediately after this she noticed that the urine had become decidedly red in color. This continued without change until last summer, when she had suppression of urine, convulsions, etc. After a few weeks all signs of illness disappeared with exception of the red color of the urine. This was diagnosed by her physician as due to blood or vesical origin, and for nine months she was treated by the indicated remedy and bladder lavage without any benefit.

At the present time she is anæmic, her appetite is poor, and she has steadily lost flesh. She passes on the average a quart of reddish urine in twenty-four hours, which contains albumen, a few casts and a large number of blood corpuscles.

Cystoscopy was performed, and the bladder was found to be in a healthy condition, showing that it was not the source of the hæmorrhage. The stream coming from the left uteral orifice was muddy in color, while the stream from the right was clear, showing that the hæmorrhage was apparently entirely from the left side. Ureteral catheterization was performed, and specimens taken from both kidneys. That from the right was found to be normal, that from the left contained albumen, casts and blood corpuscles. After considerable search tubercle bacilli were found.

The diagnosis was tuberculosis of the left kidney. The patient was then beyond help. If the cystoscope had been used at first a correct diagnosis could have been made, the kidney removed with a good promise of a radical cure, as the tubercular process was located entirely in the left kidney.

Cystoscopes are of two kinds—the direct view, in which you look directly at the object examined, and the indirect with which the object is reflected by an arrangement of prisms and mirrors, or a system of lenses, and while you are apparently looking directly at the object, it is really at right angles to your field of vision. For observation alone the indirect instrument is the better, as the entire mucous surface of the bladder can easily be brought into view. For ureteral catheterization the direct view is the best. The Nitze and the Leiter cystoscopes are the oldest of the indirect view instruments. In the April, 1905, issue of the New York Medical Journal and the Philadelphia Medical Journal. Dr. Otis describes a new electro-cystoscope, which is an improvement on either the Nitze or the Leiter instruments. He eliminates the mirror and the prisms entirely, substituting a hemispherical lense. For a mechanical description of his instrument the reader is referred to his article.

It possesses the following advantages over the other instruments:

1. It gives an area of vision four times as large as any other cystoscope.

2. Its greater brilliancy and distinctness of vision.

3. Its cool, powerful lamp practically elminating the danger of burning the bladder walls.

4. Protection of the lens during the introduction of the instrument, so that the field of vision is not obscured by a smear of the lubricant or of blood.

5. It is easy of introduction and less liable to cause hæmorrhage. This is due to its short beak and absence of flat top and sharp angular sides of prism.

6. The ease with which the fluid media can be changed if it becomes cloudy during the examina-

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tion by removing the telescope of the instrument and leaving the sheath in place to act as a catheter.

A few days before the examination it is a good plan to pass a steel sound the same size as the cystoscope, so that any impediment to the introduction of the instrument, such as a small meatus, stricture, etc., may be discovered and rectified. It not only may prevent embarrassing failures, but will familiarize the patient with instrumentation. In nervous patients or those suffering from an alkaline cystitis some urinary antiseptic, such as salol, formin, etc., should be given for a few days before and after examination, so as to render the urine sterile and prevent infection and urinary fever.

The beginner should familiarize himself with the mechanical handling of the instrument by practicing with a dummy bladder before attempting to use the cystoscope on a patient. A pasteboard box with a small hole cut in one end with different articles such as tablets, bits of cork, etc., pasted upon the inside wall will answer all practical purposes. With a little practice he will learn to handle the instrument. He should also familiarize himself with the ocular properties of the instrument by practicing reading plain print with it. After he has made himself thoroughly familiar with the instrument by these means, he is ready to make his first examination.

A normal bladder, if possible, should be selected for the first examination, as the investigator should thoroughly understand the appearance of the normal and healthy organ to detect any abnormal condition of it. Any person between the age of fifteen and thirty may be said to possess a normal bladder. A sexual hypochrondiac makes a good subject. The examination, if properly carried out, will do no harm, but the mere instrumentation will be of benefit to him.

The normal and healthy bladder is of a salmon pink color with a smooth, curved surface the superficial blood vessels showing distinctly on it. The color of the bladder walls differs, however, with the patient, amount of distinction present, the brilliancy of the light, the distance of the object from the lens, and the diathesis of the patient. The appearance of the bladder during an acute inflammation has been aptly likened to the picture presented by the conjunctiva during an active inflammation. In acute cystitis the mucous membrane loses its normal pink color and becomes a deep livid red; the smaller blood vessels can not be distinguished; the surface epithelium loses its smooth appearance and small spots of submucous hæmorrhage can be seen and purulent secretion mixed with blood corpuscles occurs. In chronic cystitis the mucous membrane may present little change, but it is usually congested, deeper in color, and the blood vessels enlarged and varicosed. Small spots of ulceration may occur. The bladder becomes trabeculated, or the muscular coat may become atrophied with the subsequent formation of small pouches, whose walls are composed of the mucous and serous coats. Ulceration may also occur in acute cystitis when severe, or when the urine has become foul, in vesicular tuberculosis and in cystitis due to calculi. In tubercular cystitis miliary tubercles appear as small greyish elevations surrounded by an area of hyperæmia. They break down through cheesy degeneration and form small areas of ulceration. These small spots may coalesce and form larger areas of ulceration.

In making a cystoscopic examination the patient should be placed in the lithotomy position, with the hips slightly elevated and the legs held in position by a support under the knees. The glans penis and meatus should be cleansed with some surgical soap and washed with a 1-4000 solution of bichloride of mercury, the urethra douched with a solution of boracic acid, and ten or fifteen minims of a 2 per cent. solution of cocaine injected into the posterior urethra by means of a Keys-Ultzman syringe. If the patient's urethra is very sensitive it may be necessary to inject two drachms of the cocaine solution into the anterior urethra by means of an ordinary conical pointed glass syringe. If the bladder is very irritable it can be anæsthetized by injecting into it when empty an ounce of sterile water containing 20 grains antipyrine and 10 drops of the tincture of opium, one-half an hour before the examination.

Then the bladder is catheterized and douched with a two per cent. solution of boracic acid, until the return flow is perfectly clear. From 100 to 150 c.c. of the solution should be allowed to remain in the bladder. The patient's feelings must be taken into consideration. If 100 c.c. causes a sensation of fullness it would be worse than useless to try and inject more, as it would cause the bladder to become irritable. It is necessary, however, that the bladder should retain at least 60 c.c., as a cystoscopic examination would be unsuccessful with a smaller quantity, as the bladder instead of being distended would lie in folds. The solution left in the bladder must be of a lower degree of temperature than the urine, for the following reasons: First, it allows of a longer examination, and second, the warmer urine spurting from the ureteral orifices into a cooler medium form little whirls calling attention to the ureteral openings. As the construction of the cystoscope prevents its sterilization by heat or steam, it should be rendered aseptic by an immersion for ten minutes in a 1-500 solution of oxycyanide of mercury or a 1-2000 solution of formalin, to which alcohol has been added in the proportion of 1 to 10. It is removed from the solution, washed in sterile water, connected with a battery or street current, controlled by a rheostat, and the current gradually turned on until the lamp burns at a white heat. It is then disconnected, lubricated with glycerine, lubraseptic or lubrichondrin, and inserted in the same manner as a steel sound is passed. Owing to the short beak of the instrument the handle must be well depressed to allow the beak to pass through the prostatic urethra into the bladder. The moment the beak enters the bladder all resistance will cease and the cystoscope can be easily rotated. The instrument should be further inserted until the beak lies in the middle of the bladder when the current is turned on.

In using the Otis cystoscope, which protects the lens during the introduction of the instrument, the

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small knob on the ocular funnel indicating the position of the lens must be turned until it is in a direct line with the small knob on the shaft, indicating the position of the beak, thus placing the lens in the window of the shaft, before anything can be seen.

As the beak is turned up and down, rotated from left to right, raised and lowered, the whole surface of the bladder can be seen.

The sides and the roof of the bladder should be examined carefully. The cystoscope turned so that the beak points directly down when the floor of the bladder comes into view. While looking at the base of the bladder the cystoscope is slowly drawn toward the operator until the trigonum is brought into view as a dark red area. The trigonum isthe triangular space lying between the ureteral orifices and the urethral opening, and is the part of the bladder most frequently involved by disease. If inflammation exists the trigonum becomes deeper in color, velvety and nodular. If the cystoscope is still further withdrawn a darker zone, representing the neck of the bladder comes into view cutting across the field of vision. If the handle of the instrument is still further withdrawn, complete darkness results due to the lens being drawn against the folds of the prostatic urethra. The instrument should then be gently pushed from the operator until the beak again lies in the center of the bladder

The cystoscope is again drawn towards the operator, turning the beak from side to side, searching for the inter-ureteral line or the ureteral orifice on one side of the bladder. The inter-ureteral line forms the posterior boundary of the trigonum and the ureteral orifices are situated, one at each lateral termination. It is shown as a faint line, formed by the dark red of the trigonum meeting the salmon pink of the bladder base. In some cases it exists as a well-marked ridge. If careful search is made along this line, the ureteral orifice, unless abnormally placed, will usually be disclosed. The little whirls, already mentioned, will call attention to it. When the orifice has been found and carefully studied, the same procedure should be gone through with on the opposite side of the bladder. When the examination has been finished the light should be turned off before removing the instrument.

The perfection of the cystoscope marks a decided advance in the diagnosis and treatment of diseases of the urinary tract. Where, before the element of uncertainty existed, even with the most careful and conscientious physicians, now with the knowledge gained by its use makes a diagnosis certain. The result is a greater number of cures, fewer humiliating mistakes and a knowledge of conditions to be overcome. Its use renders easy work before difficult, and it certainly will take its place as one of the indispensable instruments in every surgeon's outfit.

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Otology.

DEAFNESS.

BY CARL H. RUST, M. D., CLEVELAND, O.

The first question a deaf patient usually asks is, "How much better can you make me hear, and can you stop these terrible noises?" What is your answer?

The appearance of the drum, duration of deafness, condition of the nose and naso-pharynx, and the results of a thorough test with full set of tuning forks, watch, forced whisper and speech must be carefully considered before you give your opinion.

As many physicians have not the opportunity of perfecting themselves in such an extensive examination, I will merely say that the treatment of deafness must never be attempted without, at least, ascertaining whether it be merely a catarrhal condition or an involvement of the labyrinth. This can be done by placing the tuning fork on top of the head, on the forehead or between the teeth. If it is heard in the deaf ear you have a catarrhal condition. If heard in the good ear the labyrinth is involved, and generally there is no use in wasting time and money in treatment.

There is no class of diseases that gives as negative results as the treatment of deafness. If seen early enough a great deal of suffering and inconvenience may be prevented, but as this disease is so insidious in its origin and progress it may have existed for years before the patient is aware of its presence, and finally consults the physician.

Fifty per cent. of the cases of deafness consulting a specialist are of over five years' duration. The reason of this is the fact that very few people use one-half of the hearing power with which a normal ear is endowed, and unless accompanied by tinnitus or some other uncomfortable feeling it creeps upon us unawares, and only asserts itself when we have lost one-half to two-thirds of our hearing power.

Although the hearing may be improved and noises decreased in a great many cases of one, two or three years' duration, yet there is very little encouragement to be given the majority of cases of chronic, non-suppurative inflammation of the middle ear or affections of the internal ear, as the results of the treatment of these diseases by either extreme or conservative methods are seldom satisfactory. The only person who can cure all cases of deafness is the quack doctor.

No treatment can be carelessly given The different mechanical treatments used in these cases should be given to meet a definite condition, just as a certain remedy is given to meet definite pathological

conditions. No routine methods should be used in the treatment of deafness.

The nose and throat should receive careful attention. A good free nasal and post-nasal passage should be the first consideration.

Adenoids and tonsils are the cause of a large per cent. of cases of deafness, even a small diseased tonsil may be sufficint to keep up a congestion of the Eustachian tube, and finally bring about tissue changes which can never be relieved. Congestion of the lower and middle turbinates very frequently cause a temporary deafness, which is quickly relieved by proper treatment, but which, if neglected, becomes a continual sources of trouble.

An overloaded stomach, a torpid liver, constipation and cold or damp feet should be avoided by every person having otitis. Chilling the feet will undo the good accomplished by a two months' course of treatment. I insist upon all of my ear patients wearing rubbers during the entire winter, whether it be wet or dry.

Diseased conditions remote from the ear often aggravate deafness. I have had patients whose hearing was benefited by the relief of hæmorrhoids.

Deafness cannot be treated on the expectant plan, nor can it be tinkered with. No two cases are just alike, therefore the treatment must be individualized and must not be overdone.

To do justice to your deaf patients:

1st. Be sure the condition is catarrhal.

2d. Place the nose and throat in the best possible condition.

3d. Give no more treatment than is necessary to improve the case, that is, do not make the condition worse by too enthusiastic methods.

4th. The liver and bowels should be kept in good condition, the feet warm and dry, and the patient should take plenty of exercise

Many cases of deafness may be prevented by removing the enlarged adenoids and tonsils in the children coming under your care. In very young children medication sometimes does good, but, as a rule, after the age of five years, it is a dismal failure, and we must resort to surgery. Children are very frequently neglected through a belief that they will outgrow these conditions. In a few the condition may be somewhat mitigated at puberty, but, as a whole, the statement is incorrect, and many a child is allowed to unnecessarily suffer for years. An operation benefits these children almost immediately, and followed by proper medication the benefit is usually lasting.

862 Rose Building, Cleveland, O.

A New Disease.

Dr. Millener has observed a new disease which has appeared among the workers in power houses in or around Niagara Falls. The disease is observable in the case of persons whose employment brings them in the immediate presence of high voltage alternating current, generating or transforming machines. The symptoms manifested are a grave disturbance of the digestive organs, loss of appetite, distress after eating, and a paleness of the complexion.

Surgery.

SKULL FACTURES.

BY S. R. STONE, M. D., RHINELANDER, WIS.

Skull fractures and their results afford a rich field for research. In this, as in other lines of surgery, experience is a valuable teacher. In some cases, with comparatively little effort, we secure brilliant results. In other cases, after careful consideration and the most painstaking work, we see our patients die, or, worse still, left disabled for life.

No one should undertake any of this work whose technique is not practically perfect, as absolute asepsis is necessary to good results. A good portion of, if not the entire scalp, should be shaved and scrubbed, then bathed in bichloride solution, followed by alcohol. As my hands perspire freely, I prefer to wear gloves when doing any important work, having, of course, first prepared my hands as carefully as though I were to work barehanded. It has never been my misfortune to have infection occur in a case of skull fracture.

A man young in experience should call in a consultant, if possible, to share responsibility and add his judgment. It is safer for any one to do so. An eminent surgeon has said: "No injuries of the skull are too extensive to be despaired of, and none too slight to be ignored."

Cases found in a state of coma, with the odor of alcohol perceptible on the breath and evidence of an injury to the head noticeable (unless marked depression makes our course clear), should be given time to recover from the effect of the alcohol before any operation is resorted to, as the stupor may be due to it entirely. Catheterization of the bladder should be done if the viscus is not emptied voluntarily.

I recall the case of a man thrown from a buggy while intoxicated. There was a contusion of the head, but a little time resulted in recovery—from the drunk—and there was no other trouble.

Another case was that of a man injured on an elevator unobserved. Coma complete; no contusion of importance; no depression. During the three days he lived he was examined by three surgeons, two of them of wide experience. Post mortem revealed a fracture and clot at base of brain.

Some are very partial to the ice bag or cold coil, but my experience has not been such as to make me feel their need often. Arnica and Belladonna have a very beneficial effect upon the congestion.

In the case of a man struck by brick falling from a wall eighty feet high, there was, of course, a bad wound of the scalp and a depressed fracture of the skull as large as a half dollar. Upon its removal there was a frightful hæmorrhage, but to my surprise and delight it ceased after being packed with gauze a short while. The space was eventually filled with decalsified bone. Though the man was semi-delirious for several weeks he fully recovered.

Scalp wounds should always be explored to be certain of the condition of the skull, observing the strictest surgical cleanliness.

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A boy while loading scrap iron on a car was, in some unexplained way, struck over the right eye by a piece of iron. With some assistance, he walked to my office, a distance of one-fourth of a mile, though his mind was by no means clear. I was requested by his companion to "put a plaster on it." After cleaning the site of the wound, I found upon the introduction of an instrument that I had a depressed fracture to deal with. I had him removed to the hospital at once, where, upon enlarging the scalp wound, I found a circular depression of the skull the size of a cent. With some little difficulty I removed it without injury to the dura. I carefully removed all pieces of bone, hair and rust and closed the scalp, which united by primary union. His mind was perfectly clear as soon as he recovered from the effect of the chloroform, and his recovery was uneventful.

I mention this case merely to impress upon the inexperienced or careless the importance of knowing the condition of the skull before closing a scalp wound.

We meet cases where the question of operating is a debatable one; only slight depression, scalp intact and mind not greatly disturbed. Cold to the head, internal remedies and time may be sufficient for full recovery. Senn says: "The surgeon who converts a closed fracture of the skull into an open one without adequate cause assumes a great responsibility." However, that does not contra-indicate operating when deemed necessary.

Reference to one more case and I am through: On the 11th of last October I was called to Monico at 5:45 A. M., to attend a man who had been in a drunken brawl the previous evening. I found him in a comatose condition, with a depression three inches long, extending anterio-posteriorly two inches to right and anterior to the vertex. Ecchymosis completely closed both eyes. His pulse was so poor I feared he would die on the train, but I had him removed to Rhinelander and placed in the hospital. I called Drs. McIndoe and Packard to assist me. After the preparations for operating were nearly completed he gave a sudden toss, reminding one of the flop of a large fish, and struck the flood on the back of his head, striking hard. He partly raised up, and the oaths which pored forth almost turned the air blue. The coma was no more, depression was less pronounced, and at the suggestion of the other surgeons, I decided not to operate. The patient was placed in bed with an ice bag at his head and Arnica given internally. His brother-in-law, a physician at Antigo, had been notified, and arrived in the afternoon. He considered we did wisely in not operating. The mind cleared in a few days, but I discovered we had a paralysis of left arm and leg, and he complained of pain in the head. I left town for two weeks, during which time he returned to his home. I occasionally heard during the winter that he was not improving. The first of March he returned to the hospital and wished me to do something for the relief of the pain in his head. There was also a partial paralysis of the leg and arm. It was very difficult to detect any depression. The paralysis indicated a clot to the right of the occiput, but much of the pain being at the site of the fracture, I exposed two and a half inches of skull, which presented so good an appearance that I was almost persuaded to again refrain from operating, but I removed a three-fourths inch button in the line of the fracture. No clot to be found, and the dura presented a healthy appearance. I closed the scalp with horse hair without reimplanting the button, which I could not have done, as it was tightly wedged in the trephine, though I had the instrument off previous to the last two turns, but must have been careless in removing the sawdust.

I removed the sutures on the fifth day, and on the tenth day he left the hospital suffering less pain than he had for five months, and the paralysis was somewhat improved. I am not satisfied with the results in this case. I should be pleased to hear some discussion on it. [Read at the Homœopathic Medical Society of Wisconsin, Milwaukee, May 23 and 24, '06.]

Materia Medica.

THE HOMŒOPATHIC MATERIA MEDICA.

BY P. J. MONTGOMERY, M. D., COUNCIL BLUFFS, IA.

Health, the one desirable condition of life, is the human organism in normal condition. To preserve this condition is the highest aim of the medical profession. To relieve suffering and to preserve the perfect man its members are called upon to accept old proven facts in therapeutical science, and upon them is laid the responsibility of fearlessly and impartially investigating and testing the results of the studies of all respectable authors.

Every new discovery in science, or exploration into unknown parts of the earth, has had its pioneers and martyrs. The spirit of adventure, the desire to investigate has made the world what it is to-day; the hardships and dangers entailed upon our pioneers of empire are duplicated by the persecution and ridicule to which the advance courier in human thought is subjected.

The homœopathic materia medica, like everything that is born to endure, was of slow growth. It took the best part of the life of a man who lived to a good old age. That he lived long was fortunate, for he saw the achievement of his master stroke of genius. He went so far out of the beaten path of others, he had to walk most of the way alone over the barriers, the mountains that confront all those whose thoughts rise above the common level of ordinary men.

While reviewing the old there came to him an inspiration of the new, the better way. Dr. Livingston was five years in the wild, the black forest of Central Africa, before he reached the tablelands and saw the mountain tops. It seemed a long time to the writer of history, but Samuel Hahnemann was 18 years groping his way, looking for the light of a rational system of therapeutics. His logical reasoning was so entirely diverse from all that had gone before, he was obliged to make, not a revised, but an entirely new materia medica.

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He never jumped at conclusions, but plodded on with the characteristic steadfastness of a "Bach" or a "Schumann," who faithfully spent long years in search of new and more perfect chords in the harmony of sound. The proving of a single remedy like Rhus toxicodendron or Aconite was a task that would stagger the bravest prover to-day.

He was the pioneer, and his small band of faithful disciples was the advance guard of a mighty army of bright minds who are proving every day to suffering humanity that the law of similars is the safest and most scientific system of therapeutics ever given to the world.

We sometimes feel that there is a large amount of chaff in the homœopathic materia medica, but you can thrash over and over that which seems old straw and you will still find the golden grain of rich thoughts, enduring facts.

This paper is not intended to set forth the distinctive value of homœopathic therapeutics, but it is expressly to call your attention to the character of the homœopathic materia medica.

The painstaking and definite preparation of the drug reducing the crude and poisonous materials into a potentized and efficient, yet harmless remedy.

If the homœopathic materia medica could boast of nothing except safety in the preparation of the remedial agent, it would be sufficient to recommend it to suffering humanity, for it is, and has been for a long time admitted by even the votaries of heroic doses, that crude medicine is liable to do as much harm as good. Mercury leaves scars second to no disease save syphilis; Sulphate of quinine will cause a deafness that no remedy can cure, and Morphine bends the will and causes the bravest heart to kneel, a suppliant, cringing slave, from whom there has departed all the virtue of honesty.

Hipppocrates, the father of medicine, asserted that medicines are capable of removing symptoms and conditions like unto those which they are capable of causing. But it did not occur to him that it was the secondary or potential force of the drug that effected the cure. The high art of the homœopathic materia medica is in the attenuation of the drug; the science is in the proving and application. Hahnemann discovered and developed a scientific truth out of the suppositions of Hippocrates and Galen.

The homœopathic materia medica is abstract and confusing to many students; in fact. I have known physicians to practice for years without being able to enter into the spirit of the great master of medical therapeutics. This is not strange, for many musicians who play fairly well, never can appreciate or understand the harmony of Bach or Beethoven. In order to understand the homœopathic materia medica one must recognize that there are forces we cannot see, forces that depend on facts not figures.

The phase of disease in all its subtle influence on mind and body is duplicated by the attenuated drug. Take, for instance, Ignatia, in the hysteria of many diseases, and there is a play on the symptoms like a comedy of errors; Aconite sends the coward from his prayers, and tears of fear to hope and peace and rest; while Nux vomica turns the human brute into a rock of defence, and Sulphur often makes the unfortunate think his filthy rags are silken garments. This, to many, is beyond the reach of their mental philosophy, but not more so than many a natural phenomenon, we simply come to conclusions by results.

The sun is so far removed from us that we cannot comprehend the distance, yet we feel its genial warmth, and see its effect upon the grass, the grain and the flowers; we, with much assurance, say it is the reflection of the rays of light. Each plant and animated thing absorbs what it requires to give it growth and beauty; so it is with the attenuated remedy, it can do nothing until it comes in contact with something with which it has an affinity, a similarity.

The sweetest harmony that was ever drawn from an Æolian harp falls dead on deaf ears, but to him who can hear, it floods his soul with the harmony of song, and lifts him into peacefulness like a sedative.

I cannot close this paper without giving you Dr. Hempel's tribute to the master materia medica maker:

"Hahnemann was the first who endeavored consistently and perseveringly to obtain a knowledge of the effects of drugs, and to apply it to practical uses in accordance with a definite law. He found the sources of remedial agents, which had been valid up to his time, either insufficient or deceitful and false, and he set up the doctrine that a knowledge of drugs could only be obtained by experimenting upon the human organism, and that these experiments must be instituted upon the healthy organism; since the organism in disease develops and substantiates too many illusory views and perceptions. His extraordinary energy gave birth to the Materia Medica Pura, a work to which the most censorious mania cannot deny the tribute of admiration in spite of the isolated defects with which this noble work is tainted. When did a single human being ever succeed in treading a new path without committing a single mistake or making a false step? Let it suffice that so far nobody has ever produced greater results by entering upon a new road of investigation."

I will also take the liberty to quote the introductory remarks of Dr. Sajous in his preface to "The Internal Secretions and Principles of Medicines:"

"The late Prof. Virchow once remarked with his characteristic frankness: 'We must not deceive ourselves or one another in respect to the present condition of medical science. Unmistakably medical men are tired of the many new hypothetical systems that are thrown aside as rubbish only to be replaced by similar ones. We shall soon see that observation and experiments alone have permanent value.' Two years ago Prof. William Osler expressed kindred views in a general summary of the progress of medicine during the nineteenth century, and radical expressions of a similar kind are not infrequently met with in current medical literature."

We have prided ourselves the last century that the homœopathic materia medica was given to a generation that could appreciate the fact that a great discovery had been entrusted to them.

Columbus discovered America, which discovery

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grew out of the suggestion of a possibility. He never built a city, a harbor, and, as far as I know, a home. On the other hand, no other man made a discovery that brought such results in life, liberty and the pursuit of happiness

That the homœopathic materia medica was left in an arbitrary stiff-backed condition, as to expression and symptoms is but characteristic of the German mind. The great number of personal materia medicas that have followed as the bright offsprings of the parent issue, is but proof that no one man can do it all, any more than one man can make a society, or a score of men a nation. All the new materia medicas gotten up by homœopathic physicians are a help, and are worthy of recognition so long as they remain true to the basic principle, the law of similars.

HOMŒOPATHY—ITS PLACE IN MEDICINE.

BY H. W. PIERSON, M. D., CHICAGO, ILL.

[Read before the Regular Homœopathic Medical Society of Chicago, June 4, 1906.]

It depends entirely upon what you wish to accomplish how remedies should be employed. If you wish to prevent the transmission of an impression through a sentient nerve you may apply ether, chloroform, cocaine, etc., locally to the part involved, and for the time being the functional activity of the nerve is arrested. The end for which you sought remedial aid having been accomplished, you have the satisfaction of knowing that your knowledge was of practical value. If you wish more profound action the remedial agent may be so given as to reach the nerve center from which sensation arises.

If, as the result of arrested nutrition to a part, you have the breaking down of the organized structure and the formation of an abscess, it is but logical that the introduction of a sharp-pointed bistoury will open up a way for the speedy evacuation of the dead tissue and thereby give nature an opportunity for repairing the injury.

If you have a patient suffering from exposure to cold, heat may be applied to the surface, or the heart may be stimulated to greater and more vigorous action, and the sensation of cold removed. The converse is true, and a patient suffering from a fever may be put in an "ice pack" or the blood pressure may be reduced by free perspiration or liberal "bleeding."

The same rational (?) method of employing remedical agents capable of producing effects contrary to that already existing may find frequent indications, but what have you gained by such methods? Temporary relief, ofttimes at the expense of life itself. The ultimate result is never satisfactory, and the best than can be promised is restoration to a standard that was already below par. It can find justification only in those cases where immediate results must be secured, and no more efficient means are at hand.

The evil effects of such practice are two-fold, temporizing with human life, the most precious possession man has on earth, and the cultivating of a demoralizing habit that in time will utterly destroy the incentive for that close, careful investigation that ultimately makes you master of the healing art.

You naturally ask why such practice is so prevalent if its effects are so unsatisfactory. The answer is easy when you become familiar with history of the evolution of medicine. The whole phenomena of life has been so shrouded with mystery that all of the investigation of the past has served to reveal the fact that we are only beginning to comprehend some of its simplest propositions. The theory and practice of medicine of the present day is as varied as the conclusions of medical investigators. No two have reached the same conclusions; but for the sake of illustration we will divide the practice into three groups, those who measure every phenomenon with a materialistic standard and set aside every deduction based upon a dynamic theory as purely speculative and consequently unscientific; 2d. Those who have become disgusted with the "Will o'-the Wisp" elusiveness of materialistic restrictions, and gone over to the speculative field of the ethereal; 3d. Those who never investigate anything but try first one thing and then another upon the "say so" of some one else. This latter group is by far the largest of the three. You find them everywhere, and their presence is made known by the recital of their latest discovery.

The first group, believing all action dependent upon the stimulation of cell vibration, seek remedial agents capable of forcing results, so, like the swinging of the pendulum, if they use too great force, instead of waiting for nature to restore an equilibrium, they select a contra-acting agent that will arrest the former action and possibly drive in an opposite direction. They determine results by frequent examinations and analyses of the products of functional activities. Because of their belief that the modified action is dependent upon the presence of the modifying agent, that agent is continued until such time as the tests will show the accomplishment of the desired purpose or new and unfavorable complications compel the selection of a different remedial agent.

The field occupied by the etherealist is new, and its boundaries unknown. The possibilities are so great that every one of a speculative turn of mind is naturally attracted to it. Every one whose previous experience has not been crowned with success naturally attributes the failures of the past to other causes than their own inefficiency, and hoping to find the key which will solve the mysteries of life they rush into this enticing field with little preparation. As a rule, they are extremists, whose rule of practice is to accept only that which is diametrically opposite to what they formerly believed. "Mind is now supreme." Matter is only an incident to be ignored. They seem to think the mind of man is infinite in possibilities, and that only one thing is needed, and that is self-assertion. The substitution of positive, aggressive mental activities for the negative, misdirected efforts of the past. They ignore, as a rule, the logical consequences following a mis-

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spent life to which may have been added the inheritance of past generations. Such a mind is about as capable of working out its permanent restoration to the state intended by nature by means of "mental suggestion," in any of its varied forms, as is the ordinary man of "lifting himself by his boot-straps."

There is a basis element of truth in the theory, and in time the demonstration may be satisfactory, but that time might be hastened by the legitimate use of means already at our command.

For a purpose we have not included Homœopathy in any of the above groups. The reason will become apparent when we thoughtfully contemplate the truly scientific spirit which directed the "Founder of Homœopathy" in all of his investigations. He started out with a mind absolutely free from bias. Ready and willing to follow any theory to its logical conclusion. All he wanted was to find the truth, because when once found it became unchangeable and always in harmony with all other truth. He was ever-ready to acknowledge an error and subject any suggestion to its proper test. He was very slow to announce a "discovery," but when once promulgated an aggressive defender of its truth.

Homœopathy has been a process of evolution. It grew steadily for a period of about fifty years under the direct guidance of the "Master" and his immediate followers. Persecution served the cause by limiting the investigators to those who were actuated by the simple desire for truth, and practically everything they have given us is of priceless value. The same spirit gave untiring zeal to the early promotors of Homœopathy in this country. They were subjected to the same bitter persecution, but the results were different because the power of government rested with and in the people. Truth thrives on opposition. It compels thorough investigation for the defense of truth and the crushing out of error. Homœopathy drew to its ranks some of the brightest minds in the profession. Men who were honest seekers after truth and capable of defending it when once found.

The very difficulties under which it was obtained only served to enhance its value No one showed any desire to return to the old order of practice or to combine the old with the new because the results were incomparably superior to anything they had ever known before in the practice of medcine. Homœopathy became popular, text-books were multiplied and difficulties lessened. A different class of students was drawn to her colleges. The curriculum was broadened to meet the demands of these students. This necessitated a longer time for study, which in turn was followed by an addition to the teaching corps of numbers who were not in sympathy with the principles of Homœopathy. They were more in touch with the outside world and consequently were able to secure the necessary means for the material growth of the college and hospital, and as a natural consequence soon became the dominating power in the institution. Surgery and its kindred specialties were magnified in importance while homœopathic materia medica and practice were relegated to the rear and left to the ministration of the least interesting men on the faculty. Is it surprising that the schools and hospitals gradually lost their distinctive features and that Hahnemann became an object of ridicule?

During all this time and in spite of all the allurements of modern medicine there has been an under current that could not be turned from its course. It has steadily broadened and deepened its channel through additions of those who recognized the truth underlying the "law of similars." They have gotten what they could from the colleges and added to that knowledge the rich results to be obtained in the "school of experience."

They constitute the back bone of Homœopathy today. It is hard to get at their numerical strength because the ordinary channels through which they naturally would make known their positions have been pre-empted by others. Many have lived isolated lives until silence has become second nature. The time has come when all who believe in the principles of Homœopathy should be brought into closer touch with each other, and ways and means devised whereby these truths shall receive their proper recognition from the world at large. Its present position is just what its professed followers have made it. By its fruits shall it be known. There must and there will be a change. As an initial step this society was formed and declaration of principles adopted that were broad enough to include every one who had an honest desire to know what Homœopathy stood for, and were willing to stand for the truth. No movement of recent years has attracted greater attention than has been given to this one. It has been condemned by those who naturally object to anything that brings their own practice under the search-light of investigation. It has been criticised by those who did not understand the causes leading up to it, while the heartiest commendation has been given to it from those who have felt the need for just such a step but were not so situated as to make it effective. It does not necessarily follow that this movement shall be revolutionary, or that its members shall withdraw from the old, established societies; but it is the height of folly to hope or expect any changes in the policies of these societies as the result of our most determined efforts until we shall have acquired the strength that comes from concerted action. This is a good place for the development of the needed strength.

Are these charges true? Will Homœopathy suffer by reason of this movement? Is it ill-advised and lacking in the elements necessary for its perpetuation? Can we do better by spending our strength in protesting against measures and teachings that have become strongly intrenched through years of thoroughly organized efforts? This is no new or local affair. Protests have been made for forty years and more. The present condition has been predicted times without number and treated with ridicule as the absurd fancies of cranks. It is the exception to find the graduates of our so-called homœopathic colleges making prescriptions that have even the semblance of the law of similars to determine its selection. It looks as though the sooner we faced the facts as they actualy are the greater would be our chances of restoring Homœopathy to its proper place in medicine.

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Dietetics.

CYSTITIS.

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

Cystitis or inflammation of the urinary bladder, is one of the most distressing conditions with which the physician and patient have to deal.

There are various notices anent the cause and treatment of this symptom, and it is the province of this paper to attempt somewhat the clarification of the muddle, or, if you please, to so present the matter that you and I may form a little notion of our own, profiting mayhap by the ridiculous misconceptions and contradictions of those who have taken their pens in hand for our enlightenment.

The first question that presents itself for our interpretation is that if the present day wild guesses as to the cause of this condition are so at variance with the saner conception of truth, may we not entertain at least a small measure of doubt concerning the recommendations of the guesser regarding the care and treatment of these cases? And how far amiss are these guesses? A recent and very popular treatise upon genito-urinary diseases begins its chapter on cystitis with this blunt utterance, "Cystitis is an inflammation of the bladder due to germ infection." The reader is greatly pleased and almost convinced by this statement, and his serenity would not be disturbed at all if he were not persistent enough to go on to the following paragraph, which reads: "A normal bladder containing normal urine which is evacuated at proper intervals is not really infected. Even though germs be carried directly into its cavity by dirty instruments, for instance, the resistance of the healthy tissues is sufficient to prevent penetration and multiplication of micro-organisms." And so soon as the writer of these profundities has dislodged them from his intellectual reservoir, he gives us—and consistently—this: "From what has been said concerning the cause of cystitis, it is plain that the prevention of this disease depends upon the avoidance of local congestion and of the entrance of germs into the bladder."

And this latest treatise upon this and allied conditions but voices the opinions(original or absorbed) of a goodly number of the other "authorities" upon this and allied conditions.

Before forming our own notions of this phase of the problem we would do well to sum up as follows, taking the foregoing positive utterances as our guide:

1. "Cystitis is inflammation."
2. "Cystitis is disease."
3. "Cystitis is caused by germ infection."
4. "Germs do not infect normal bladders."
5. "A bladder to be diseased by germs must already be diseased."
6. "A thing will do a thing provided it is already done."
7. "To safeguard a healthy bladder against infection of 'germs that can not infect a healthy bladder,' we must prevent 'germ invasion.'"

If our notions, yours and mine, are based upon these conclusions, it is not surprising that we are muddled.

But so much for the negative aspect.

Positively cystitis is a symptom commonly known as inflammation of the urinary bladder.

Its causes are, first, disease of this viscus or adjacent organs, the so-called casual disease. Second, mechanical irritants, i, e., calculus somewhere in the urinary tract; traumatism from injury, pernicious catheterization, the introduction of sounds, etc. Third, from irritating drugs, i. e., Cantharides, Terebinthinia, et al. Fourth, long continued retention of urine. Fifth, abnormal condition of the urine, per se. Sixth, persistent muscular contraction.

Cystitis, for convenience in pathological consideration, may be divided into catarrhal, intestinal, pericystic, pseudomembranous and gangrenous.

Its evidences are: Increased frequency in urination, which is one of the first to appear and last to disappear. Tenesmus: This is perhaps the most distressing, unbearable accompaniment, and the physician is fortunate who can relieve it promptly and safely. Pain: May be referred to neck of bladder, to the hypogastric region, the perineum, to the loins and down the thighs. By the pain we may best determine the progress of the condition.

Changes in the urine are evident soon after the inception of cystitis, and we find it turbid with mucous deposits, with finally blood in greater or less quantity. To differentiate prostatitis remember that in prostatitis is found more pain in the perineum, extending into the rectum, aggravated by defecation. Tenesmus not so marked, being at times absent. Stream of urine is interferred with. (Not so in cystitis.) Urine not changed in quality or appearance, and finally, rectal examination makes evident the enlarged and tender gland.

The treatment of cystitis is briefly stated. Whether it be the symptom of disease, trauma or drugs, there is no better principle than to correct mechanically all mechanical conditions, to antidote irritating drugs, and to cure with the homœopathically indicated remedy the causal disease. Use as an adjunct to any of these methods plenty of hot water, whether applied by fomentation to the symphysis pubis or to the perineum, whether by rectum, by mouth, or by general bath.

Rest, when possible, light diet for a few days, and be sure to have with you a double-barrelled shot gun, for the quick and deserved elimination of the long-nosed and most meddlesome infector, the bacillus micturatus.

524 Shukert Building.

Watch the Vascular Tension

Of every patient with diabetic or albuminuric retinitis as of service in the prognosis. The higher the blood pressure the more apt are hæmorrhages to occur; with low tension the fundus is apt to show the inflammatory type. Active congestion is more apt to be found with high and passive congestion with low tension.

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A CASE OF CONGENITAL ABSENCE OF THE VAGINA, AND A RUDIMENTARY CONDITION OF THE UTERUS AND OVARIES.

BY A. M. LINN, M. D., DES MOINES, IA.

Atresia of the hymen is an unusual condition. It is met with occasionally in practice, and requires for its relief a slight operation. As a rule, it is not a serious condition to correct. If, however, the menstrual flow is retained in the vaginal tract for a number of months or years, very serious results may follow. The vaginal tract and the uterus also may become much dilated, and the health of the patient be very seriously impaired. The dilatation of the uterus may become so marked as to be mistaken for a morbid pelvic growth, or even the condition of pregnancy. Congenital absence of the vaginal tract occurs less frequently than atresion of the hymen. It is likely to be associated with a rudimentary condition of both the uterus and the ovaries. With the latter organs in rudimentary state, there is no indication for any operation for its relief. Atresia of the hymen may be suspected in cases where the patient having passed the age of puberty, gives indication of a periodical monthly disturbance, with amenorrhœa, and shows a tendency toward declining health. In congenital absence of the vagina, when the uterus and ovaries are rudimentary, little or no monthly disturbance occurs, there is no menstrual excretion, and the patient's health does not suffer. The subject may develop in symmetrical form, the hips and breasts indicating the normal condition. If the ovaries and uterus are normal in size an operation is demanded when the vagina is wanting. Their removal is necessary.

I recently examined at the Methodist Hospital, assisted by two of my confreres, a very interesting case of congenital absence of the vagina. The patient, Miss L., 21 years of age, had never menstruated. She was rather under the average in size, but symmetrically built, revealing the normal, mental traits of her sex. She is of a modest, affectionate disposition, and was engaged to be married shortly. Examination revealed an atresia of the hymen, and she was directed to go to the hospital for an examination under an anæsthetic, and for an operation for her relief if indicated. She gave a history of never having menstruated, and no fluctuation could be determined on palpitation of the hymen. Careful examination under anæsthesia by rectum and bladder revealed an entire absence of the vaginal tract. A rudimentary uterus was found, not larger than a hickory nut, and on either side in normal position the two ovaries were located, both rudimentary, and about the size of filberts. The breasts were well developed, and the pudenda natural in appearance. The orifice of the urethra was somewhat larger than usual, and its everted margins conveyed the impression to the eye of diminutive labia minor. The perineum was comparatively less dense and firm than in the normal case, and yielded readily to tension. The patient gave a history of fugitive, uncertain pains in the pelvis at irregular intervals, and within a week had quite severe pains, which were assumed to be an effort of nature to establish the menstrual flow. Efforts to create a vaginal tract under such conditions have usually proved abortive; the canal closing sooner or later, even after having been maintained by means of an artificial plug for months. In the case of the patient just examined at the hospital, it was deemed unwise to make any effort to develop a vaginal canal. It would in all probability have resulted in failure.

MINNESOTA HOMŒOPATHIC SOCIETY.

The Minnesota State Homœopathic Institute convened May 15, 16, 17, at Minneapolis, for its fourteenth annual session, for which Secretary R. B. Leach had prepared a most excellent program, which is appended:

Obstetrics.

Chairman, Dr. A. E. Comstock, St. Paul, Minn.

1. "Congenital Abnormalities," Dr. J. T. Schlesselman, Good Thunder, Minn.
2. "Some of the Causes of Stillborn Children," Dr. F. C. Spates, St. Paul, Minn.
3. "Artificial Dilitation of the Cervix of Pregnant Uterus," Dr. C. W. Wilkowski, Faribault, Minn.
4. "Puerperal Eclampsia," Dr. T. W. Ashley, River Falls, Wis.
5. "The Unusual in Obstetrics," Dr. H. G. Bickford, Hudson, Wis.
6. "The Repair of Injuries After Childbirth," Dr. B. H. Ogden, St. Paul, Minn.

General Medicine.

Chairman, Dr. J. H. Beatty, St. Cloud, Minn.

1. "Acute Catarrhal Bronchitis," Dr Geo. G. Balcom, Lake Wilson, Minn.
2. "Peritonitis; an Unpleasant Experience." Dr. W. C. Roberts, Owatonna, Minn.
3. "Three Clinical Cases Emphasizing Three Clinical Features of Pneumonia Worthy of Note," Dr. Geo. E. Clark, Stillwater, Minn.
4. "General Paresis." Dr. T. M. Thayer, Fergus Falls, Minn.

Electro-Therapeutics.

Chairman, Dr. Ethel E. Hurd, Minneapolis, Minn.

1. "Electricity in Genito-Urinary Diseases of Men," Dr. E. S. Neiswanger, Chicago, Ill.
2. "Electricity in Pelvic Diseases of Women," Dr. Margaret Koch, Minneapolis.
3. "The Electric Light Bath," Dr. J. H. Beatty, St. Cloud, Minn.
4. "Mercury Cataphoretic Treatment of Cancer," Dr. Gordon G. Burdick, Chicago, Ill.
5. "The Present Status of Roentgen Therapy," Dr. Annah Hurd, Minneapolis.

Homœopathics.

Chairman, Dr. O. H. Hall, St. Paul.

1. "Homœopathy," Dr. S. H. Aurand, Chicago, Ill.
2. "Amalgamation," Dr. O. H. Hall, St Paul, Minnesota.

Sanitary Science.

Chairman, Dr. Geo. E. Dennis, Minneapolis.

1. "Some Notes on Prophylaxis from a Biologi-

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cal Point of View," Dr. M. R. Leverson, Brooklyn, N. Y.

2. "The Art or Prophylaxis," Dr. C. D. Fairbanks, Oxford, Wisconsin.

3. "Tuberculosis" (Report on Status of State Sanatorium), Dr. Geo. F. Roberts, Minneapolis.

4. "The Government's Method of Prophylaxis vs. Yellow Fever," an illustrated address, Dr. R. B. Leach, St. Paul.

Materia Medica.

Chairman, Dr. B. H. Odgen, St. Paul, Minn.

1. "Echinacea," Dr. W. C. Roberts, Owatonna, Minn.

2. "The Requisite of an Up-to-Date Materia Medica," Dr. W. E. Leonard, Minneapolis, Minn.

3. "Clnical Verifications," Dr. D. W. Horning, Minneapolis, Minn.

4. "Some Remedies and Indications Upon Which I Rely," Dr. H. M. Lufkin, St. Paul, Minn.

5. "The Uses of the Homœopathic Materia Medica in Surgery," Dr. W. S. Briggs, St. Paul, Minn.

6. "The Homœopathic Materia Medica from the General Practitioner's Standpoint," Dr. O. K. Richardson, Minneapolis, Minn.

7. "The Special Adaptability of the Homœopathic Materia Medica to Chronic Diseases," Dr. Geo. E. Clark, Stillwater, Minn.

8. "The Relation of the Homœopathic Materia Medica to Other Methods of Cure," Dr. B. H. Ogden, St. Paul, Minn.

Gynæcology.

Chairman, Dr. H. C. Aldrich, Minneapolis.

1. "The Higher Potencies in the Treatment of the Diseases of Women," Dr. Rabe, Weehawken, N. J.

2. "The Benefits to be Derived from Osteopathic Treatment in the Diseases of Women," Dr. Louise M. Hayes, Minneapolis.

3. "Operative Treatment of Recto-Displacements of the Uterus," Dr. R. R. Rome, Minneapolis.

4. "Has the Value of the Surgery of the Perineum been Over-estimated," Dr. H. D. Newkirk, Wolverton, Minn.

5. "Fibroid Tumors of the Uterus," Dr. O. E. Stewart, Bricelyn, Minn.

6. "Sterility," Dr. Raymond del Mas, Centerville, Minn.

7. "Observations in Gynæcology Among the Insane," Dr. Jane P. Purmont, Fergus Falls, Minn.

Pathology.

Chairman, Dr. W. B. Roberts, Minneapolis.

1. "Examination of Blood in Surgical Cases," Dr. A. E. Comstock, St. Paul.

2. "Auto-intoxication in Surgical Cases," Dr. R. R. Rome, Minneapolis.

3. "Pathology of the Prostate," Dr. E. Hubbell, St. Paul.

4. "Antitoxin," Dr. W. E. Leonard, Minneapolis.

5. "Bright's Disease," Dr. O. H. Skinner, St. Paul.

6. "The Pathology Following the Administration of Chloroform and Ether," Dr. A. E. Ahrens, Merriam Park.

7. "Sarcoma of Bone," Dr. W. B. Roberts, Minneapolis.

Surgery.

Chairman, Dr. W. S. Briggs, St. Paul.

1. "Surgical Dressing and Clinical Cases," Dr. E. R. Perkins, Excelsior, Minn.

2. A Paper, Dr. W. C. Roberts, Owatonna, Minn.

3. A Paper, Dr. W. A. Beach, Mankato, Minn.

4. "Acetonemia," Dr. H. C. Aldrich, Minneapolis.

6. "Mechanical and Surgical Inventions by Homœopathists," Dr. W. S. Briggs, St. Paul.

Pedology.

Chairman, Dr. O. K. Richardson, Minneapolis.

1. "Infant Feeding," Dr. W. A. Beach, Mankato, Minn.

2. "Harelip," Dr. H. C. Leonard, Duluth, Minn.

3. "Enuresis," Dr. Walter Joel King, Golden, Col.

4. "Acute Intestinal Indigestion in Children," Dr. Edwin H. Smith, Bemidji, Minn.

Eye, Ear, Nose and Throat.

Chairman, Dr. E. L. Mann, St. Paul, Minn.

1. "Hoarseness," Dr. Geo. M. Heywood, Minneapolis.

2. "Four Cases from the University Free Dispensary," Dr. L. D. Shipman, Minneapolis.

3. "Interesting Cases from the University Free Dispensary," Dr. H. H. Leavitt, Minneapolis.

4. "Thoughts on Ear Diseases," Dr. E. L. Mann, St. Paul.

The officers elected for the ensuing year are as follows:

President, Dr. R. B. Leach, St. Paul.

Vice-Presidents, A. E. Booth, Minneapolis; A. G. Moffat, Howard Lake.

Secretary, Norman B. Smith, Minneapolis.

Treasurer, Margaret Koch, Minneapolis.

The president's address was an appeal for better physicians, and urged a decided stand against counter prescribing of the druggists.

Dr. R. B. Leach gave a detailed report of his efforts toward a demonstration of the value of arsenization during the yellow fever epidemic in New Orleans last summer. The society voted one hundred and fifty dollars toward the relief fund for destitute homœopathists in San Francisco and vicinity.

The afternoon of May 17th the visiting physicians and their families were entertained by the Minneapolis members with a trip by trolley some twenty miles to picturesque Lake Minnetonka, a ride about the lake and dinner at Hotel Buena Vista in the upper lake. The following are the Bureau chairmen for the meeting at St. Paul in 1907:

Materia Medica, W. E. Leonard, Minneapolis.
Gynæcology, H. J. Tunstead, Minneapolis.
Pædology,, Geo. B. Hamlin, Minneapolis.
Eye and Ear, etc., L. D. Shipman, Minneapolis.
Surgery, A. E. Comstock, St. Paul.
Obstetrics, H. O. Skinner, St. Paul.
Electro-therapy, E. Hubbel, St. Paul.
General Medicine, H. M. Lufkin, St. Paul.

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Sanitary Science, A. J. Hammond, Winnebago City.
Medical Jurisprudence, O. E. Stewart, Bricelyn.
Pathology, W. C. Roberts, Owatonna.
Homœopathics, G. E. Clark, Stillwater.

Correspondence.

LETTER FROM DR. COWPERTHWAITE.

Editor Medical Century:

I am in receipt of a host of letters from all parts of the country congratulating me upon my article in a recent number of your valuable journal. These letters have become so numerous that it has become impossible for me to answer each one personally, so I take the liberty of requesting you to thank each one for me for their kind words and their kind assistance in the simple work which I have undertaken to uphold and promote Homœopathy as I understand it to be my duty and the duty of the profession to do. Every writer expresses his sympathy with me on the important feature of the paper. Some do not believe in the necessity of the Regular Homœopathy Society, others say, go ahead with it until it has helped to accomplish the good work. One doctor of promise writes and says that owing to the position I have taken I must be the next president of the American Institute of Homœopathy and proposes to work to that end. I wish to settle this matter now and once for all. I was president of the American Institute of Homœopathy eighteen years ago; all the honors that the profession can give to me I have already received. I shall never again, under any circumstances, be a candidate for president of the American Institute. There are plenty of other good men who desire the honor and who are entitled to it. I am sure we can find some one who will be an honor to the Institute and to Homœopathy itself that will be glad to accept the position. In the position I have taken I have had no thought of personal aggrandizement or advertisement, and have only said and done what I have from a pure sense of duty and believe that I represent the mass of homœopathic physicians, which I still more believe after receiving all these letters.

Again thanking all who have written me for their kind words of encouragement and not forgetting to thank you for your similar position in ... editorial appearing in the same number of the Century upon the same subject, I am,

Sincerely yours,
A. C. Cowperthwaite.

LETTER FROM SAN FRANCISCO.

Editor Medical Century:

Yesterday I found at college the first number of the Century I have seen since "I don't know how long," and in view of the generally accepted belief that one bird in hand is worth a dozen in the bush, I "hooked" that number. If you have the grace to put us back on your mailing list, I'll return the stolen copy to its rightful owner; if not, I'll keep it. So far it looks as though I would keep it.

Since writing to you about May 1st, was it not? things have settled down after a fashion. The many hundreds of acres of ruins no longer smoke, but they are there, spectres of the past, ghastly in their way, unspeakable dreary. I am only a block from the west line of the fire, but painstakingly avoid looking at a picture which has drawn thousands here from long distances. But the burnt district has changed wonderfully in these few weeks. In spite of the provokingly slow and dilatory way in which the insurance companies meet the exigency of the hour, life and energetic effort have left their mark everywhere. The demands of business are imperative, and in obedience to its behests temporary structures, many of them ample and not without beauty, are springing up everywhere; old dwelling houses are raised up and transformed into very decent stores, and the vacant lots in available localities are covered with big piles of lumber for immediate building. The sound of hammer and saw are heard everywhere; it is evident we have entered upon that stage which must of necessity transform all the burnt district into one gigantic camp of construction. As a part of the program several streets, heretofore of no importance from a business standpoint, have suddenly become centres of great activity, as Fillmore street, which from a sleepy third-rate cross-town street has suddenly become a crowded highway, which one dare not attempt to cross without caution, and Van Ness avenue, from which the aristocratic residences have been swept by the flames, their place being occupied by extensive temporary structures for the use of the large firms, who are able to pay the enormous ground rents. Surely, never before has the world seen such wonderful energy in starting anew under condition not altogether easy.

The health of the city has been wonderfully good, nothing like an epidemic of any sort having ocurred. The health authorities have done excellent work in conjunction with the military, and there seems to have been neither jealousy nor friction of any sort to lessen the efficiency of the sanitary work. That the out-of-door life of the tens of thousands homeless has in itself been a blessing in spite of unavoidable inconveniences and hardships, has been amply demonstrated; full credit, however, must be given to the effects of unceasing vigilance on part of the medical officers in charge, both civil and military. The quality of the water supply will soon be normal; as yet the advice to boil all the water used for drinking and cooking is kept before the people by placards from the health authorities, posted wherever they are likely to attract attention. The fly nuisance persists in an unmitigated form, and while Californians soon learn to put up with this affliction as it usually shows itself, the unavoidably untidy state of the streets has aggravated the matter immensely, and tries the patience of all. But what are you going to do about it?

In professional circles no startling news has happened. A few of our people have for the time

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being shaken the dust of San Francisco off their feet. Dr. Geo. H. Martin has opened an office in Oakland. Dr. A. C. Peterson also is in Oakland, Dr. Philip Rice has located in Berkeley, Dr. J. H. Romig is in Alaska at present, possibly "for good." Of the younger men who have gone away I can at present only recall Dr. N. B. Bailey, who is at San Rafael, and Dr. C. I. Powell, who left for San Diego some weeks ago. Dr. Florence N. Ward has taken advantage of the quietness of things and is off on a vacation, which she has amply earned, and beyond doubt will keenly enjoy.

The rest of us have settled down to business (or to waiting for business) as best we could.

At college lectures were resumed after a little more than two weeks of unavoidable interruption, and commencement is now facing us; it will be a very quiet affair this year, with a small graduating class made up of excellent material. For once it will seem "right good" to rest from lecturing. The rub, however, will come in with the beginning of next term, which I, for one, face without one blessed note. During all these years past my notes were carefully brought up to date each year, and I had only to step to my book cases to find my lecture on any topic connected with homœopathics, or materia medica, or neurology. Even the work of preparing notes again would amount to little or nothing had I the library left, but that also has turned to ashes. They say that "misery loves company." I do not think so. My own special troubles are not the lighter because somebody else is in as bad a fix. But things will shape themselves after a time, and in my own case the more readily because of the many expressions of generous interest of which I have been the recipient.

The meeting of the California State Homœopathic Medical Society was held as announced, and was really a remarkable meeting. Of course, we could not go to San Jose, for that charming city was also badly hurt by the earthquake, though thank God, it has escaped fire. We met at the residence of the Secretary, Dr. Guy E. Manning, and while I cannot give the exact number of persons present, I know that the attendance was surprisingly good, probably not far from sixty. Since the notices of the necessary changes in our plans had to be given promptly, and beyond doubt failed to reach a large per cent. of our folks, this attendance was more than satisfactory. Of those "from the outside" I recall Drs. Wm. Simpson, Howard Gates and — Knapp, of San Jose; Pliny R. Watts and James T. Martin, of Sacramento; Dr. Curtis, of Woodland, and a goodly delegation from Berkeley (among them Dr. Gray, formerly of Minneapolis), Oakland and other cities in this part of the State. Dr. M. B. Campbell, of Los Angeles, arrived later in the day. One of the pleasant features of the occasion was the presence of many ladies of the California Meissen Club, and their preparation of a most generous and toothsome luncheon at noon, which met all the requirements of nature far more satisfactorily than a banquet, and was eaten with a relish and a measure of good-fellowship, which are strangers to a more formal affair.

One of the many surpises of this meeting was the action taken by the State Society in reference to the Pacific Coast Journal. Of course, you are familiar with the situation on this coast and know the great importance to us of a medium of communication, and the exceeding difficulty of making a journalistic venture here a satisfactory business proposition. Our numbers are so small that the field for paying subscriptions is unpromising; the difficulty of building up a large subscription list interferes with profitable advertising, and, worst of all, the cost of publishing here is greater than in the East. Could we have for a reasonable length of time the same support from the East which our western men give to the eastern journals, the chance to avoid a constantly recurring deficit would be better, but we realize that we are too far from New York, Boston, Chicago and other centers of professional activity to be readily remembered or to have our real needs strongly appeal to the eastern professional public, hence we have never dared hope to see the day when the Journal could count upon needed support in the East. I have gone over this ground so often, year after year, and have so frequently questioned the wisdom of my giving freely of my own time and strength to a work which could hardly expect to fair measure of commercial prosperity, and have been so often unwilling to have deficits met by the Board of Trustees, or, as has been done on several occasions, by the directors of our sanatorium, that, when occasion finally offered, I suggested at this meeting of the State Society the abandonment of the "Journal," now that everything belonging to it and forming part of its material was destroyed by the fire. Although wholly acting upon the impulse of the moment, I felt confident that my proposal would meet with slight opposition, and was never more surprised than when the most earnest objections to such a course were raised by those present. After an animated discussion of the question in all its bearing, the State Society appointed a committee of three (Dr. Pliny Watts, of Sacramento; Alice Goss, of San Francisco, and Geo. H. Martin, of Oakland) to make a systematic attempt to extend the circulation of the Journal in the West, and directed the editor to solicit subscriptions from the profession in the East, thus hoping to allow the Journal to resume publication, and do it under fairly promising conditions. What will be the effect of our appeal to the friends in the East remains to be seen; but I hope that our editorial confreres will do what lies in their power to "give us a lift."

During special evening session of the Society the long-hoped-for and talked-of meeting of the American Institute in California was considered from every possible standpoint. Our people in Los Angeles were anxious to carry out the original intention to have the Institute meet in this State in 1907, and Dr. M. B. Campbell was authorized to state that Los Angeles would be prepared to assume all the responsibility of entertainment. But it seemed useless to talk seriously of the project as one that could be carried out. It was, and is, not the question of "North" or "South," it must and will be an affair in which both the North and South are equally interested and must share the responsibilities of the host. With the smart of the losses we

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have suffered; with the probability that the next year will be a season of much uncertainty and hardship, and with the mental depression from which we all suffer, it seems best to postpone issuing a final formal invitation to the Institute until we shall have recovered our equanimity and can meet our guests with light hearts and smiling faces, and give them an honest welcome in the old California style, which we all can share. We think to put off the invitation for two years longer than we had anticipated, will be about the right thing, and resolutions to that effect were adopted. We all want to live long enough to take part in that meeting, and we shall surely do our best to have you realize that we were wise to practice self-denial.

Incidentally, I may say that yesterday I was agreeably surprised to see Drs. Norton and Roberts, of New York, walk into my office. They should have sailed from this port for Japan a day or two ago, but a strike on the water front keeps them prisoners here. They were disappointed because of the inconvenience and probable confusion in dates entailed upon them, but bore their fate with commendable resignation.

And now you have heard enough about San Francisco, and I shall not write again unless something quite out of the common happens; that nothing of the sort may occur is my earnest prayer.

H. R. Arndt.

AN APPEAL.

To the Homœopathic Profession of America:

On the second day of the great San Francisco disaster President Green of the American Institute of Homœopathy, wired me asking me to solicit funds for the relief of our stricken brothers in San Francisco and California, who were the victims of the now historic disaster. In response to President Green's request. I immediately appealed to the homœopathic profession through the several State societies and the Associated Press, and have received to date through that appeal $3,325. Knowing that a local committee could best distribute the fund thus collected, I immediately appointed as such committee Drs. James W. Ward, Wm. Boericke and C. N. Chamberlain. Of the amount collected $1,638.50 came through the Homœopathic Medical Society of Philadelphia. I understand that other moneys have been sent directly to Dr. Ward, which did not pass through my hands.

Dr. Ward writes me that the San Francisco College and Hospital will have to be reconstructed and refurnished, and that there is great need of books, instruments, remedies, etc. Nearly al of the transportation companies will carry supplies thus donated to Dr. Ward free of charge.

While the profession has responded liberally, I think that more money ought to be raised. If 10,000 homœopathic physicians in the United States would average $5 each, a great good could be accomplished. I therefore make a second appeal through the homœopathic journals in behalf of our unfortunate, but ever plucky, brethren in California. Donations can be sent directly to me or to Dr. Ward, 2401 Scott street, San Francisco, California. In either event a receipt of acknowledgment will be at once forwarded to the donor, and a full report made to the American Institute of Homœopathy at its coming meeting.

James C. Wood,
816 Rose Building,
Cleveland, O.

Current Medical Literature.

BY J. RICHEY HORNER, A. M., M. D.

Hyperæmia as a Therapeutic Agent, W. H. Dieffenbach.—N. A. Jour. Hom., May, 1906.

This article is a very able exposition of a method of treatment just recently come into vogue. As the author says: "Nothing has caused so much discussion since the discovery of the Roentgen ray and radium." To Prof. Bier, of the Bonn University, is the credit for a careful and ultra scientific presentation of the subject in a book whose title is the same as the title of this paper. He starts with the proposition that disease is always accompanied by inflammatory processes and that these are nature's attempts at repair. This he practically proves to be true—it is what may be termed "physiological care for disease." But it must not be forgotten that there are conditions of inflammation and fever which demand control, and here is where the physician must step in and, as it were, improve on nature's efforts, or, at least, so direct them that they shall result in all good, instead of being partly helpful and partly harmful.

A hyperæmic condition exists in every organ that is active, and Prof. Bier goes farther and states that "there is no lesion which the body tries to remove and is able to combat" that this effort is not "accompanied by or associated with hyperæmia if repair is possible or attempted."

Local applications of heat produce active hyperæmia. It is, however, passive hyperæmia, with which the author deals. It is indicated in acute processes and in processes produced by bacterial lesions. Of these he mentions gonorrhœal rheumatism, acute rheumatic pains, tuberculous joints and all phlegmonous processes. Favorable action is explained "by asserting that the slowing of the blood current through bandaging and the consequent stasis and dissemination of the same in the tissues causes an accumulation of leucocytes and serum in the injured parts, thus permitting increased phagocytosis and dilution and absorption of toxins."

It is interesting to follow the philosophy of the author's arguments for the use of passive hyperæmia in tuberculosis. These are the steps in his argument: Pulmonary consumption and pulmonary stenosis are coincident, due to anæmia of the lung, it having been long ago shown by Fericks, of Breslau, that tuberculosis of the lungs is invariably the sequel of diseases of the pulmonary artery. On the other hand, it has been definitely shown that

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any cardiac lesion producing hyperæmia of the lungs secures immunity from tuberculosis. A person with cardiac hypertrophy does not have tuberculosis, particularly pulmonary tuberculosis. It was but a step from this to the proposition that artificial hyperæmia ought to be curative for tuberculosis in any part where it could be produced. Hence for joint tuberculosis the treatment is particularly applicable. For this "apply rubber bandage some distance above the lesion, making moderate pressure. The limb must remain warm and the pressure must not be painful. Maximum length of treatment, three hours; usual time, one hour daily."

The author goes on to discuss treatment of acute inflammation and acute septic affections of the joints, tuberculosis of the testicles, acute osteomyelitis, acute abscess about the head, etc., etc. Each has its own technique. As general principles, however, the following may indicate the methods:

"The most satisfactory method of applying the constriction is by means of a rubber bandage. This should be smoothly applied some distance above the diseased part and should be allowed to remain from two to twenty-two hours out of every twenty-four, according to the nature of the case. In acute conditions it should be left much longer than in chronic. If there seems to be any danger from pressure of the bandage a gauze bandage may be smoothly applied under the rubber bandage. If possible a different position should be selected each day. In treatment of the knee or elbow the limb below the joint may be firmly bandaged, thus confining the hyperæmia to the part affected. During the treatment the part should be bluish-red and warm and the pulsations in any artery below the part should not be affected. The application of hyperæmia should never cause pain and should diminish it if present; if the bandage causes pain it is too firmly applied, producing then a dark blue appearance with coldness of the part, and is not only ineffectual but often harmful, as has been shown clinically and experimentally. At the same time the bandage must be sufficiently tight to produce a marked hyperæmia and usually considerable œdema. During the first and second treatments the patient must be kept under personal observation and to this end the bandage may be applied at the beginning of office hours and removed at the end. The patient very quickly learns the technique and may be trusted to apply the bandage himself, being instructed as to the length of time during which the bandage should be allowed to remain, the direction as to pain, the ability to feel the pulsation of the artery below, the warmth of the part, etc. If possible the patient should appear daily for observation and other treatment. In acute cases the patient should be kept in bed and carefully watched; if severe pain appears after the application of the bandage or if the part is dark blue in color or cold the bandage should be loosened or removed."

He takes up also treatment by active hyperæmia, which is particularly useful in chronic ankylosis of the joints, chronic joint rheumatism, arthritis deformans, injuries due to trauma, etc., etc. Hot air is the means employed mostly. Taken altogether the subject is an extremely important one and should command the attention and thought of all progressive physicians.

OBITUARY.

Dr. J. Eugene Tremaine.

Chicago, died on June 7. He occupied at different times professorships in the Hering and the Hahnemann Colleges, of Chicago.

Dr. John H. Henry.

One of the most distinguished Homœopathists of the South, died at his home in Montgomery, Alabama, on June 19. He was seventy-seven years old, a descendant of Patrick Henry and a contemporary and close friend of the celebrated Dr. J. Marion Sim. Dr. Henry had been in failing health for several years. He was a most loyal Homœopath and served as president of the Southern Homœopathic Association.

Dr. John Adams Wakeman.

Died Friday, June 8, at the age of ninety-one years, after an illness of two days at the residence of his daughter, Mrs. W. H. Leonard, 2121 Blaisdell avenue, Minneapolis, Minn. Dr. Wakeman was one of the oldest homœopathic physicians in the United States, having practiced for more than sixty-five years in Ohio and Illinois.

Dr. Charles Day,

Honolulu, H. I., died June 1, 1906. Dr. Day was a graduate of the Chicago Homœopathic College and a former interne in Cook County Hospital.

Dr. Alexander R. Shaw,

Philadelphia, died on June 13 at the age of seventy-one years. He was graduated from the Hahnemann Medical College in 1856 and began the practice of medicine in Chambersburg. He then moved to Newark, Del., and from there to philadelphia.

Dr. Clara M. Hazard.

Wife of Dr. T. L. Hazard, of Iowa City, Ia., died on June 15th. The doctor was a graduate of the State University of Iowa, Class of 1897.

Persistent Odors in Bottles.

Such as iodoform, asafœtida, ichthyol and valerian, should be treated by pouring fresh powdered mustard into the bottle, then cold water, shake, stand awhile, and rinse with fresh water.

The Fumes of Nitric Acid, Inhaled,

May be fatal at the end of twenty-four hours, although no ill effects appear during the first three hours. The convulsions are reflex from irritation, by the nitrous vapor, of the motor nerve endings in the respiratory organs; the heart, lungs and diaphragm are convulsed. Chloroform prevents or diminishes this. In the event of anyone inhaling nitrous vapors he should swallow every ten minutes three to five drops of chloroform in a glass of water.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Subscription, Two Dollars Per Annum.

AUGUST 1, 1906.

Editorial.

HOW SHALL WE USE OUR REMEDIES.

Homœopathic medicines are prepared in liquid preparations, tinctures and dilutions, and in dry form, triturations and tablets. There are those who use almost entirely one form, while there are others who use the other form, and a third class using both forms.

Of course it is axiomatical that whether used in the liquid or dry form the preparation should correspond with the pharmaceutical methods of the school. It is undoubtedly true for the most part that liquid preparations are more easily absorbed, and that probably the greater part of our remedies should be so prescribed, especially true of those from the vegetable kingdom. Preparations from the mineral kingdom are usually thought, in view of their insolubility, to be better prescribed in dry form triturations or tablets. There are, of course, exceptions to this rule in the case of acids and soluble salts. The preparations of the animal kingdom are also considered to be more reliable prescribed in dry form, since the liquid menstruum is usually alcohol, and alcohol is largely antidotal to animal poisons. We, for instance, have seen Apis in trituration act after Apis in liquid form had completely failed. Arriving at the fifth or sixth potency there seems to be no difference whether the remedy be prescribed in dry or liquid form, for in the latter the drug, finely divided, becomes as Hahnemann termed it, suspensible.

There is a class of dry preparations that has come to the front of late years that has done much harm, we believe, to the practice of Homœopathy, and that is tablets or pills of the alkaloids. This is certainly a desirable, neat, exact and efficacious way of dispensing the alkaloids if they are to be given. There could not, and cannot, be a word said against their use by our school in the cases where there have been provings of the alkaloids themselves. The harm done to Homœopathy in their use consists in employing them in place of the entity of which they are a part. Thus the giving of Aconitin for Aconite, of Atropine for Belladonna, of Strychnine for Nux vomica, or of the preparation known as Digitaline for Digitalis cannot but be condemned, for tinctures of these contain other substances, and it is probably that some of the symptoms in the pathogeneses are produced by these other substances.

We do not lose sight of the fact, however, that our preparations are made from those parts of the plant which seem to contain the most of the active principle; for instance, the seeds, the bark, the bark of the root, the leaves, etc. Yet in each instance our preparation contains something else that may modify the action of this active principle, and thus it is impossible to give this active principle in its place.

Another harm done Homœopathy by these alkaloidal preparations is their use by some of the rising generation of homœopathic doctors who are taught to give medicines for their immediate effects, to slow heart action, to increase the same, to increase peristalsis, or to do this and that. It is but a step to allopathy and polypharmacy and the alkaloidal therapy, we fear, is used as a stepping stone. It is not Homœopathy, nor can it be until the alkaloids are proved, and this is very desirable, and we hope to see it accomplished some day.

There is some benefit in these alkaloidal preparations, they are doubtless pure, the amount each tablet contains is probably quite exactly known, and for use according to antipathic and physiological methods they are far superior to the usual allopathic prescription. There is an element of danger in them if prescribed by the laity, they look as harmless as a homœopathic globule, and there may be a smart Aleck or two who may take a whole bottle at once. Of course, they are not intended to be prescribed except by the physician, but what medicine is? They may even act in a way favorable to Homœopathy by impressing people that a small amount of medicine is better than much, but for ourselves we cannot too strictly adhere to the methods of our own pharmacopœias. We have our own pharmacists and medicines, there are none better, and we should give them our support.

EDITORIAL BREVITIES.

Pulte Medical College.

It is with great satisfaction that we hear, and it is no new thing, of the good work that is being done by Pulte Medical College of Cincinnati. Her students have for a number of years been successful

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in obtaining hospital appointments over many others in competition, and they all invariably pass the State examinations. Now, why should they not? Under such teachers as Walton, Buck, Geiser, Geohegan, Crank, Stewart, Davis, Phillips, Boger, and the others, how could they help it? Pulte has a long and honorable record, some of the best men of our school claim her for their Alma Mater, and they are proud to do so. She has a fine building of her own, plenty of clinical material, a fine teaching corps, in one of the best cities of the country. The time is ripe for more Homœopaths, and the Medical Century would urge upon its readers, and they are many, in the territory tributary to Cincinnati to look up Pulte's facilities, and weigh them carefully, they may take our word for it there is no better nor more thorough college in our school. She will do as she has always done, make good practical doctors and good loyal Homœopaths. Where is there a surgeon in our school that combines surgery and Homœopathy so completely as Walton; he can have first chance at our appendix any time. Is there a man in the homœopathic school that knows more about the practice of medicine than Dr. J. D. Buck, if so we have not met him. What of Stewart, of Geohegan, of Phillips, of Geiser, and all the rest? Nothing, but parts of a skillful and harmonious aggregation that composes the faculty. Do not pass over Pulte, she has not so large classes as some, but this is to the student's advantage, he comes more intimately in touch with his faculty and with the sick.

The International Homœopathic Congress.

The Congress will be composed of the following:

1. The American Institute of Homœopathy.
2. Delegates from foreign countries.
3. The Surgical and Gynæcological Society of the Institute.
4. The Obstetrical Society of the Institute.
5. The O., O. and L. Society (homœopathic.)
6. The National Society of Physical Therapeutics.

Three State societies, New York, Pennsylvania and New Jersey merge their common interests with the Congress.

The International Hahnemannian Association holds its sessions in Atlantic City a few days before the Congress.

Thus it will be seen at a glance that the week September 10 to 15 will see the greatest gathering of homœopathic physicians that possibly the world has ever seen.

Educational Exhibit at International Congress.

It is the wish of the "Committee on the International Homœopathic Congress" that there be held an educational exhibit which shall demonstrate something of the work that Homœopathy is doing along various lines in different parts of the world. With this object in view, the co-operation of all homœopathic institutions, societies and individuals is invited. There will be provided at Atlantic City a large hall in which this exhibit will be held. It will consist of specimens, photographs, charts, drawings, plans of new buildings, illustrations of unusual cases, and demonstrations of work performed. Already more than twenty institutions have signified their intention of participating. The exhibit will be an enlargement of those given in former years by the individual colleges located in Boston, Philadelphia, Cleveland, and Chicago. It is hoped that all to whose attention this notice may come will endeavor to do what they can to demonstrate the present status of Homœopathy and its accomplishments in the allied branches of medicine.

Further information can be obtained by writing to the secretary of the committee, Dr. J. P. Sutherland, 302 Beacon street, Boston, or to Dr. W. H. Watters, 80 East Concord street, Boston.

Carl V. Vischer, M. D.

The death of so brilliant a man as Dr. Vischer cannot fail to produce feelings of the utmost regret in the minds of the members of the Homœopathic School of Medicine. The loss is a positive and distinct one, in that it removes from the ranks of the profession a man who had already gained an eminence and who gave promise of being among the first of our surgeons. He had been in active practice about twenty years, and in that time had shown himself to be possessed of more than ordinary ability. He was a most thorough man, a student of such perseverance that the wonder was that he had not long ago broken down under the strain. He had taken courses at Heidelberg and Vienna, residing in the latter place for several years. Later he went to Berlin, London and Paris, so that he was perfectly equipped for his chosen department of work.

Personally, he was a man esteemed by all. His was a most kindly and generous nature, and his aid was never refused when required, whether or not there was any pecuniary recompense. To the profession of Philadelphia his death is particularly distressing, for he was a recognized factor of great strength in the professional circles of that great city. In St. Luke's Hospital he was the chief surgeon, giving largely of his time and money in the upbuilding and sustaining of that great institution. He was surgeon also to Hahnemann Hospital and to other hospitals in adjacent cities. The profession and the world is better in that he has lived, and is poorer that he has been taken away. And the pity of it is that his own work seemed only to have been rightly started.

Mendacity Versus Veracity.

An esteemed Western contemporary shows up in a parallel column some thirty-two exhibits against the use of headache powders found in Collier's Weekly. While we do not believe in headache powders, or in the taking of any medicine whatever by the people except under the advice of a physician, we condemn most heartily the publishing of lies to bolster up an argument against headache powders or anything else. Thus our contemporary shows

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conclusively that twenty-one out of the thirty-two exhibits presented in Collier's are absolute and unwarranted lies. The trouble was taken to investigate each case, and in none of the thirty-two was the facts as stated in Collier's. We have learned recently that some other "exhibits" that appeared in Certain homœopathic journals were not only tinged with malice, as we stated, but so weighted down with falsehood that even Ananias andSaphira could not look them in the face without blushing.

A Serious Blunder.

The secretary of the Council of the American Board of Medical Examiners reports that he has great difficulty in getting reports from the secretaries of the various Homœopathic Boards throughout the United States. This is, indeed, a serious blunder, for our school should certainly be represented in the annual report of the council, of which all boards, old school, homœopathic and eclectic are members. Wherever reports are obtainable they show that our school has nothing of which to be ashamed in the comparative standing of her graduates, and this being the case there is no possible reason why the secretaries of the various boards should be delinquent. And, even if it were not so, these secretaries have their duties to perform—that's what they are paid for, and one of their duties is to make such reports as are required, and this report to the council belongs to that class. We hope the boards will take cognizance of this state of affairs and see to it that their secretaries are more careful in the future.

A Good Way

For physicians to reach Atlantic City from Western points is to take the Michigan Central, Lake Shore or Nickel Plate roads to Buffalo, and then the Pennsylvania to Philadelphia, and so on to Atlantic City. These roads are well known to our subscribers, as this is the first meeting in several years that is without the territory of the New York Central lines.

Editor's Table.

GENERAL NOTES.

Dr. Wm. Francis Honan is spending the summer months at The Matthewson, Narragansett Pier.

A meeting of the recently organized Los Angeles County Homœopathic Medical Society was held in Blanchard Hall, in the city of Los Angeles, Monday evening, June 11. This society was organized three months ago with a membership of between fifty and sixty, with every prospect of a successful mission. The officers for the first year are: W. J. Hawkes, M. D., president; F. D. Bishop, M. D., of Long Beach, vice-president, and R. A. Campbell, M. D., secretary-treasurer. Meetings are held on the second Monday of each month.

Dr. E. C. Buell has "taken to the woods" of Washington for a vacation instead of taking a trip to Japan, as he had planned, because of being caught in the San Francisco horror and losing his trunk and fine clothes—and his nerve.

Dr. Florence N. Ward and daughters, of San Francisco, sailed for Europe on June 30. While in this city they were the guests of Dr. George W. Roberts.

The new work on the reproving of Belladonna, under the auspices of the O., O. and L. Society, and edited by Dr. Howard P. Bellows, is one which should receive the support of every homœopathic physician in the land. It is a work that will be a great benefit to the cause of drug proving.

We have received a card from Dr. H. F. Biggar, dated Chateau des Avenues, Compeigne, France. It is a historic and restful place.

Dr. W. B. Hinsdale, of Ann Arbor, addressed the graduating class in the Nurses' Training School, of Alma Sanatorium, last month.

Dr. H. R Arndt has opened an office at 1124 O'Farrell street, San Francisco.

We learn with pleasure that the Southern Homœopathic College has for the coming session strengthened its teaching corps and broadened its course and is in shape to do better work than ever. Our Southern colleges are deserving of the warmest support. Instead of curtailing our institutions we should add to them.

Mr. Thomas Taggart, president of the French Lick Company, has secured the services of Dr. George D. Kahlo, professor of clinical medicine in the Indiana Medical College, as physician in charge of the French Lick Springs Hotel and Sanatorium. This will add popularity to the already popular resort on the Monon Route.

Dr. C. E. Fisher is busy in his Valley View Tidewater Hospital, the same having about thirty patients at last reports.

There are excellent fields for homœopathic physicians in Alabama. Selma, Decatur, Anniston, Montgomery, Mobile, are prominent places.

Dr. A. M. Duffield, of the prominent health resort of Alabama, Citronnelle, will please accept our thanks for items about Homœopathy in Alabama. The doctor expects to attend the International Congress at Atlantic City next month.

Dr. George F. Laidlaw, of New York, held a clinic before the Lackawanna County Homœopathic Medical Society in Scranton, Pa., on June 21. Dr. Laidlaw was a guest of the society on this occasion. The getting out of our promient physicians to our small societies is to be highly commended.

Dr. J. B. Gregg Custis, of Washington, and Dr. J. P. Sutherland, of Boston, were in New York in the early part of July to meet Dr. McClelland on his return from Europe, and make additional arrangements for the International Congres.

Dr. R. Montfort Schley and Dr. Alice E. Rowe, both members of the medical staff of the Gowanda State Homœopathic Hospital, Gowanda, N. Y., were married June 28, 1906, in Newtonville, Mass., at the residence of Mrs. F. A. Waterhouse. Dr.

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and Mrs. Schley at home Gowanda State Homœopathic Hospital, Gowanda, N. Y.

Dr. J. H. McClelland, of Pittsburg, Pa., returned on July 8, from a hasty trip abroad.

Dr. S. R. Stone has been reappointed for the fifth time physician in charge of the Oneida County, Wisconsin, Hospital, located at Rhinelander, Wisconsin. We congratulate the county on its good judgement.

Dr. A. B. Norton, who started for a trip around the world on June 6, was delayed several days in San Francisco. We believe it was due to a strike along the docks. The doctor had an opportunity to visit the ruins of the city and the physicians.

Dr. Byron G. Clark will be at his office until September 17 only on Tuesdays and Fridays, No. 25 West 74th street.

The faculty of the Homœopathic College of the University of Michigan have issued a volume discussing the different aspects of tuberculosis. It contains six chapters, one from each member of the faculty of this institution.

Be sure and read in our Transportation Department about the Pennsylvania Special Institute train from Chicago to Atlantic City.

Henry M. De Werth, of Cleveland, class 1906 Cleveland Homœopathic Medical College, was married the week of July 16 to Miss Anna K. Zulauf, of the same city. Congratulations.

Dr. John A. Wakeman, of Minneapolis, Minn., died on June 8 at the age of ninety-one years. Dr. Wakeman was one of the oldest homœopathic physicians in the United States, having practiced for more than sixty-five years in Ohio and Illinois.

Dr. John V. Hartman, class of 1005, Cleveland Homœopathic Medical College, who is doing splendid work at Lima, Ohio, recently spent a profitable vacation at Rochester, Minn., watching the famous Drs. W. J. and C. H. Mayo do their work. We know he profited much from the visit.

The physiologist of the Cleveland College, Dr. George W. Spencer, recently made the rounds of the Eastern laboratories. He saw Howell at Johns Hopkins, Porter at Harvard, Adolph Lodholtz at the University of Pennsylvania and Opitz at Columbia. He saw a demonstration in Howell's laboratory tending to uphold the myogenic theory of the mammalian heart-action. He failed to see Brubaker, of the Jefferson College, as the doctor is spending the summer in the laboratories of the Old World. Dr. Spencer reports that the trend of medical education of the day is along the line of laboratory demonstration of physiological and pathological conditions of the body.

A prominent New England medical educator has said that the pathological exhibit presented by our Boston University School of Medicine, at the recent meeting of the American Medical Association in Boston, "beat anything he had ever seen. It was far and away in advance of any similar exhibit at the meeting." Score one for Homœopathy and Pathologist Watters.

A recent experience with the Physicians Casualty Association of America, with home offices at Omaha, Nebraska, leads us to add our hearty endorsement of the company. It is an organization of physicians, by physicians and for physicians, the only layman, and, by the way, the only man who gets any salary, is the secretary-treasurer, Mr. E. E. Elliott. They give twenty-five dollars per week for total disability, with proportionate amounts for partial disability. The death benefit is $3,000, with proportionate amounts for loss of members of the body. And the cost does not exceed one dollar per month. It is an insurance worth having in this rapid age.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

The stork was a welcome visitor in the home of Dr. and Mrs. E. H. Smith, of Bemidji, recently.

Dr. Paul A. Higbee, of Minneapolis, has recently undergone a successful operation for appendicitis.

Dr. E. L. Mann, of St. Paul, has had a long, serious illness resulting from a fall, which induced a myelitis, but is better we are glad to report, and able to be about and attend to his practice

At the March meeting of the Minneapolis Homœopathic Society at the Nicollet House, while the members were at table, Dr. A. E. Booth, between courses, discoursed in an able manner upon hip-joint disease. Dr. Asa S. Wilcox leading in the discussion.

Dr. W. E. Belt has removed from Lamberton to Dodge Center, Minn.

In March Dr. Henry C. Aldrich, of Minneapolis, entertained the Doctors' Dinner Club, numbering an even dozen of the homœopathists of that city. On April 10th, the club was entertained by Dr. O. M. Richardson in memory of Hahnemann. Dr. W. E. Leonard entertained the club in May, and Dr. Geo. M. Heywood in June

Dr. F. C. Bowman, of Duluth, has had the very unfortunate experience of having his eight-year-old son bitten by a mad dog.

Dr. H. C. Leonard, of Duluth, has been appointed to succeed Dr. W. A. Beach, of Mankato on the Minnesota State Medical Examining Board. Evidently Governor Johnson capitulated, believing that discretion was the better part of valor.

Dr. Reg. B. Leach has removed his residence to Highwood, one of the beautiful suburbs of St. Paul, on the Mississippi river, and opposite South St. Paul.

Dr. W. C. Roberts, of Owatonna, Minnesota, has been seriously ill with duodenal ulcers, necessitating an operation—gastrojejunostomy— on April 14th last. We are glad to report that he is improving nicely. Dr. C. B. Kinyon, of Ann Arbor, Mich., was in consultation and operated the case.

Dr. A. C. Dawson, has removed from Glyndon, Minn., to Minneapolis, with offices at Lake street and Nicollet avenue.

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CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. Frank Henderson, of Secor, Ill., has been in the city for some time taking special work in the clinics devoted to the diseases of the eye, ear, nose and throat.

Dr. M. B. Blouke's son was operated upon recently for appendicitis. Free pus was found in the abdomen, and the child was in a very critical condition for some time. He is now very much improved, and will soon be entirely well. Dr. Kahlke was the surgeon.

The graduating exercises of the nurses' training school of the Chicago Union Hospital, were held Thursday evening, June 28th. Dr. E. E. Vaughan is president of the hospital. They have been greatly handicapped by lack of room since the fire, which partially destroyed the hospital about a year ago, but they are now erecting a new building, which will be up-to-date in every way, and will be furnished and equipped as well or better than any other hospital in the city.

Dr. J. P. Lewis, of San Diego, California, was operated upon recently for appendicitis at the Hahnemann Hospital in this city. He expects to spend several weeks, after he recovers sufficiently, attending the eye, ear, nose and throat clinics in this city. His wife, who is also a graduate from Hahnemann, is in the city also taking post-graduate work.

Dr. George F. Shears has left this country and is travelling in Europe. He will be absent all summer, returning for the opening of college in the fall. He is accompanied by his wife.

Dr. Mary J. Wells, who was here a short time ago taking special work in the Chicago Eye and Ear College, has deserted the practice of medicine, and was married recently to W. O. Childs, of Spokane, Wash.

Dr. F. G. Curtiss has decided to leave Chicago, and has located at Salt Lake City, Utah. Rumor has it that he will soon be married to Miss Nichols of this city.

Dr. Burton Haseltine, who has been ill for several months, has so far recovered that he has resumed his practice in this city.

Dr. Max Huberry has accepted the position of assistant to Dr. G. F. Shears.

The graduating exercises of the Chicago Homœopathic Training School for Nurses, were held the evening of July 12th, at the West End Women's club house on Ashland boulevard. The superintendent, Miss Cunningham, spoke of the changes which had been made at the hospital, and also told of some of their needs. Dr. E. H. Pratt presented the diplomas to the class, which consisted of the Misses. Jackson, Maley, Cunningham, Bishop, and McCollum. Several musical numbers, readings and an address constituted the rest of the program.

In the report of the meeting of the Illinois Homœopathic Medical Association an unintended slight was given to Dr. Mary E. Hanks, when it was stated that Dr. Nancy E. Hanks was elected as vice-president of the Association. The honor was conferred upon Dr. Mary E. Hanks, and we wish to make this correction in order that all records may be correct.

The engagement of Dr. Burton Haseltine and Mrs. Mary Parshall has been announced, and the wedding will occur August 25th, at the home of Mrs. Parshall's parents, Mr. and Mrs. John I. Leitch, in Evanston. The Chicago Tribune has the following to say of the wedding:

"Mrs. Mary Parshall, daughter of Mr. and Mrs John Ingram Leitch, of Evanston, will be married to Dr. Burton Haseltine, of Chicago, on August 25th. The wedding will take place at noon at the Leitch residence, 1143 Judson avenue, the Rev. Dr. Green to officiate. Few other than the members of the families will be present, and the bride will be unattended. Dr. Richard Street, of Chicago, will act as best man. Dr. and Mrs. Haseltine will leave in the afternoon for a trip of the lakes, going east, where they expect to spend a week at Atlantic City. They will then go to Irvington-on-the Hudson to occupy a cottage turned over to them for a month by an aunt of the bride. On their return they will reside in Kenwood."

All of the doctor's numerous friends will wish him the greatest of happiness, and they will all gladly congratulate the bride.

Dr. Edgar J. George will spend from Friday night to Tuesday morning of each week during August with his parents at Fairfield, Iowa.

Dr. W. E. Boynton and family spent the month of July at his former home in Manchester, Iowa.

All of the internes in the Chicago Emergency Hospital, which is owned and controlled by members of the old school, are Homœopaths at present. It is said that they will never take in any but homœopathic internes in the future, as they give so much better satisfaction, and are more practical. Certainly the Homœopaths have reason to be proud of these young men who are thus bringing credit upon our school.

Arrangements are being made for a special train on the Pennsylvania R. R. in order to accommodate all of the Chicago people who are going to be present at Atlantic City in September.

Cards have been received in their city announcing the marriage of Dr. W. E. Hedges, of this city, to Miss Ada Mary Merrill, of Portland, Ore., in that city, June 21, 1906. They will be at home after August 15th, at 1520 Edgecomb Place, Chicago.

Dr. R. C. Lowe, who graduated this spring from Hahnemann Medical College, has located at Fifty-fifth and Woodlawn avenue.

Dr. E. H. Raschke has opened an office at 490 W. Chicago avenue. His hours are 8 to 9 A. M, 1 to 3 and 6:30 to 8 P. M.

WASHINGTON NOTES.

BY H. I. SILVERS, M. D., WASHINGTON, D. C.

Dr. John Stearns has gone to the Maine woods, where he will spend the month of June camping.

Dr. J. H. Branson has opened his summer home at Harper's Ferry, W. Va.

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Washington is the home of quite a number of

graduates from Hahnemann, Philadelphia. They received with regret the news of the resignation of Dr. Chas. M. Thomas as Dean of that institution. Dr. H. L. Northup, his successor, is offered our congratulations and support.

The osteopathic legislation before Congress is practically at a standstill. The press of business before this Congress is very apt to cause the consideration of it to be carried over until the next session.

The annual commencement of the Homœopathic Hospital Training School was at the hospital on May 24th. Five nurses received their diplomas.

Drs. Carden Warner and Robt. Moth have finished their services as internes at the Homœopathic Hospital. Dr. Moth has returned to Chicago.

Dr. Warner is making a visit with Dr. S. S. Stearns, after which he will spend a few months doing special work in New York.

The sanitarium for tuberculosis, just outside of this city, is in a prosperous condition, and though only about one year old, shows a healthy growth, and will probably be a permanent institution.

The doctors of Washington are arranging for their vacation, and many of them will return by way of Atlantic City in time to attend the American Institute meetings.

Dr. J. B. Gregg Custis has recently returned from a meeting of the Committee on the International Congress.

At the meeting in New York were Dr. Custis, Dr. McClelland, and Dr. Sutherland.

Dr. Wm. R. Buchanan will return to Washington to locate about July 15th. He will look after Dr. Bliss' and Dr. Hawxhurst's practice while they are on their vacation.

Dr. L. B. Swormstedt has been spending a short time in Atlantic City.

Dr. Wm. R. King leaves the city about July 26th for his summer vacation along the St. Lawrence river.

Dr. Carden F. Warner will take the summer examination of the District Licensing Board, and then visit Dr. S. S. Stearns at his camp in the Maine woods.

Dr. Ernest Sappington, senior interne at the Homœopathic Hospital, will also take the District Board.

HAHNEMANN COLLEGE OF CHICAGO.

We take pleasure in presenting to our readers the programme of the Department of Materia Medica and Therapeutics of the Hahnemann Medical College, of Chicago. A glance through this programme and the men connected with it will convince anyone that the teaching of Homœopathy in Hahnemann College is of the topmost grade. We do not know a college in the United States where a more thorough course is given. It would take a good deal of the exceptional Homœopathy that is found in some of our institutions and much harped about to offset this curriculum.

A. C. Cowperthwaite, M. D.
J. T. Kent, M. D.
A. L. Blackwood, M. D.
W. E. Taylor, M. D.
G. B. Warne, M. D.
M. J. Moth, M. D.
S. H. Aurand, M. D.
A. M. Cameron, M. D.
Paul Hullhorst, M. D.

First Year.

1. The History of Medicine.

One hour per week first half of first semester, Cowperthwaite.

2. Materia Medica.

Lectures and quizzes two hour per week, two semesters, Kent.

3. Materia Medica.

Lectures one hour per week, one semester. This course deals with the remedies in botanical groups, explaining the toxic action, the tissues upon which and the manner in which the remedies act, Blackwood.

4. Pharmacy, Prescription Writing and Medical Terminology.

Lectures one hour per week, two semesters, Cameron.

5. Materia Medica.

Lectures one hour per week. This course will be a practical treatise devoted to the study of a group of prominent remedies, showing the toxic symptoms, explaining the non-toxic dosage, the method of application and finally the methods of selection, homœopathically, Taylor.

6. Medical Botany.

Lectures one hour per week, second half of first semester and entire second semester, Hoehn.

Second Year.

1. Materia Medica and Therapeutics.

Lectures two hours per week, two semesters, Kent.

2. Materia Medica.

Lectures one hour per week, two semesters. In this course special attention shall be devoted to the practical homœopathic application of the remedies discussed in Course 5 of the first year, Aurand and Hullhorst.

3. Materia Medica.

Lectures one hour per week, two semesters. This consists in a brief review of the toxic symptoms and a thorough study of the homœopathic indications for another group of remedies, Moth.

4. Materia Medica.

Lectures one hour per week, two semesters. Devoted to the poison symptoms, non-toxic dosage and method of application of thirty or forty other drugs, followed by the method of selection homœopathically, Warne.

Third Year.

1. Materia Medica.

Lectures two hours per week, two semesters, thirty hours, Kent.

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2. Materia Medica.

Lectures two hours per week, two semesters, thirty hours, one-half credit, Cowperthwaite.

3. Materia Medica and General Therapeutics.

Lectures one hour per week, two semesters. In this course shall be included (a) hypodermatic medication, methods and dosage, the use of stimulants, sedatives, hypnotics, cathartics. diuretics, etc., (b) instruction in hydrotherapy, serum therapy and organotherapy, (c) the use of the stomach pump, rectal tube, etc., Bruce.

4. Materia Medica.

Lectures one hour per week, two semesters. A thorough drill in characteristic symptoms and method of application and dosage found most suitable in the remedies considered in courses three and four of second year, Warne and Moth.

Fourth Year.

1. Materia Medica.

Lectures two hours per week, two semesters, Kent.

2. Materia Medica and Therapeutics.

Lectures one hour per week, two semesters, Cowperthwaite.

3. Materia Medica.

Lectures one hour per week, two semesters, Blackwood.

4. Materia Medica.

Lectures one hour per week, two semesters, Taylor.

ACUTE INTESTINAL INDIGESTION IN INFANTS.*

BY EDWIN H. SMITH, M. D., BEMIDJI, MINN.

In my endeavor to contribute my mite to our meeting I have chosen a very commonplace subject, but one that has to be considered and met with almost daily, and at all seasons by the general practitioner, so it is impotant from frequency rather than mortality.

Acute intestinal indigestion is used synonymously with acute catarrhal enteritis, simple diarrhœa and mechanical diarrhœa. Some authors do not differentiate from acute intestinal intoxication, and there is very often, if not always some intoxication from absorption of undigested or imperfectly digested food particles, also there is usually some gastric involvement, so while we speak of acute intestinal indigestion our trouble is not so limited.

It is caused by over-feeding, too frequent feeding, giving food unsuited as to age, feebleness of constitution, exposure, chilling or extremes of temperature, fatigue, acute infectious diseases or fever from any cause is apt to interfere with indigestion. Previous attacks of intestinal trouble are predisposing factors or chronic indigestion may have periods of aggravation resembling acute attacks.

Its symptoms vary with the degree of toxic absorption, the individual constitution, cause, age, etc. The usual case starts in with vomiting, fever, rapid pulse, coated tongue, diarrhœa, pain in the abdomen and tympanites. Vomiting is not found in a large percentage of cases. It may last only until the stomach is empty or it may persist during the attack not allowing of the assimilation of food until the bowels have been thoroughly emptied. While fever is mentioned as being almost constant, and may reach as high as 105° or 106°, and often is the only symptom, the temperature may be normal and the patient in a collapse in patients of delicate constitution. The pain is shown by the cry of the little one with restlessness and drawing up of the limbs. It is referred to the epigastric or umbilical regions usually. When diarrhœa is present the stools at first are fæcal, then yellow, yellowish-green, and finaly, green, and contain curds, fat and other undigested particles. Diarrhœa is not always in evidence. The mental condition is often a clue, as the patient is usually stupid and unactive, wanting to sleep.

As to diagnosis, this is difficult to make absolute, especially when symptoms are scant, or when some complication is present. For instance I have seen cases with only high fever and rapid pulse; in these cases the diagnosis is only speculative. The prognosis is usually good except in very delicate or neglected cases.

The treatment consists in emptying the bowels with cathartics and enemata to free them of undigested food. To give rest to the patient and digestive organs. The latter is secured by giving light diet of rice or rice water, soups, gruels, albumen water or some of the predigested foods of which the market affords many. The diet varies with the age and needs of the patient. If the fever is light a cold bath and alcohol sponge is grateful to the patient. Stimulation is called for in a few cases. Brandy is resorted to by many but is claimed by others that it destroys the remaining powers of digestion, so strychnine in minute doses I regard as the safest. The remedies most apt to be indicated are Nux, Pulsatilla, Arsenicum Antimonium crudum, Ipecac. [Minnesota State Society.]

The Pennsylvania Special.

The Pennsylvania lines have complimented the members of the American Institute this year by placing at their disposal a special train from Chicago to Atlantic City without change of cars. This affords the members and their friends an opportunity to travel together and enjoy themselves. Arrangements have been made so that members and their friends west of Chicago can be routed so as to go on this special train. Members east of Chicago can arrange to take this train at most convenient points at a special low rate.

It is well to remember that the Pennsylvania line is the only line that can run a direct train right through without change. We remember the last time our meeting was held in Atlantic City some of our members were so unfortunate as to take another road, which compelled them to change cars about sixty miles this side of their destination, and thereby loosing nearly a half day.

On account of the superior facilities, direct route without change, and the special train, many of the leading members have already made reservations for this special train.

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Homoeopathics.

HOMŒOPATHY IN ITALY.

BY PROFESSOR LOMBROSO, TURIN, ITALY.

[We present the following letter from Professor Lombroso, the great criminologist.]

Respected Colleague:

The conditions of Homœopathy in Italy are not especially good, some of the scientific luminaries like Gaiter and Brentano having passed away.

Homoeopathic Hospital, Turin, Italy.

There remains of the scientists Cigliano, author of a monograph upon Tobacco, and a discourse on the body according to the homœopathic view, before the University of Naples, and Bonino, author of the First Lessons in Materia Medica, translator of Puhlman and author of a homœopathic manual.

There are homœopathic dispensaries that are much frequented, especially at Turin, Milan, Genoa, Florence and Naples, as may be seen.

In Turin, which is the seat of the Homœopathic Society of Italy, presided over by Bonino, a small hospital has been established since 1890, with some twenty beds, of which I send you the photograph, and which is constantly growing by new accessions of members. On the other hand, a hospital that was to have been erected by a bequest of a certain gentleman was deviated by the allopaths to Verona, owing to legal complications.

My clinic of mental diseases is treated homœopathically, though teaching of Homœopathy is not recognized officially in Italy as instruction.

Homœopathic physicians in Italy are not very numerous.

Of journals we have the Rivista Omiopatica of Rome, founded by Pompili, and l'Omeopatia in Italia, organ of the Homœopathic Institute at Turin.

This institute which maintains the hospital and dispensary is strong, as it was officially recognized in 1886.

In the dispensary at Turin there were treated in 1905 some 9,000 patients; at Florence, 1.040; Naples, 7,000; Milan, 2,700. In Palermo and Venice the most cultured Homœopaths are either dead or old.

Turin, 16th March, 1906.

HOMŒOPATHY IN FRANCE.

BY FRANCOIS CARTIER, M. D., PARIS, FRANCE.

Requested by the Medical Century to give as nearly as possible the condition of Homœopathy in France in all its truth and without exaggeration, I will say with sincerity that the condition of our homœopathic hospitals is good.

A few years ago the administrative counsel of our hospitals occupied themselves energetically to find out if it were possible to extend the surgical side. I was among those opposed, for I considered that our hospitals should remain more strictly medical in the cause of the propagation purely of Homœopathy. I still have this opinion as to principle; yet the difficulties of existence and the enormous expenses of these institutions have proved to me the necessity of private rooms and surgical operations. In fact, thanks to these, our hospitals are able to meet their needs and care for the poor gratuitously. I will even say more, that for a few years our three hospitals are wonderfully prosperous.

Saint Jacques, the oldest and most important of our hospitals, was founded in 1872 by the Homœopathic Medical Society of France, in an old hotel in the rue Saint Jacques, No. 282. At that time its resources were very limited, and it had but fourteen

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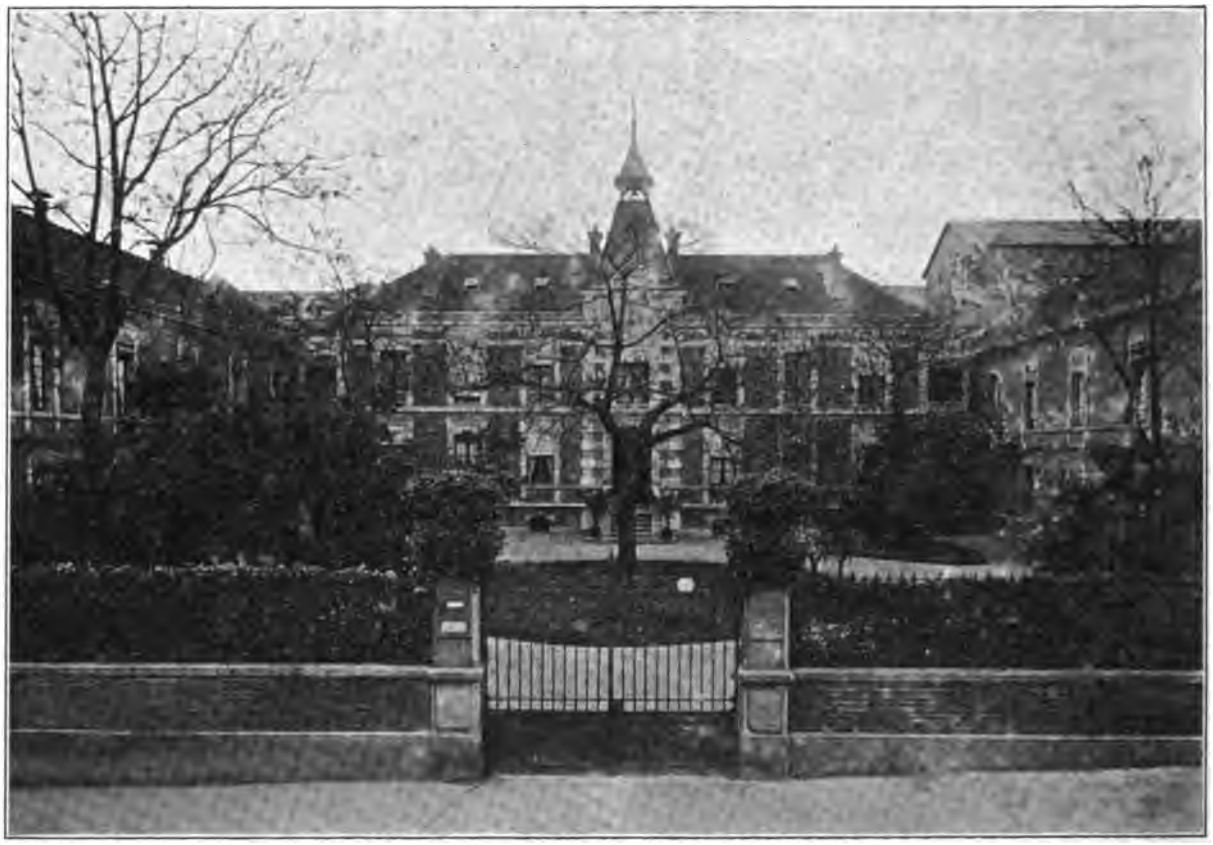
beds. Under the fostering care of our Parisian confreres, and particularly that of Dr. Cretin, who was most zealous in the development of the good work, an anonymous society was founded that collected some 450,000 francs, that have served to improve the Saint Jacques Hospital alone. A few years ago we added to our hospital a certain number of pay rooms and an operating theatre. The income from these rooms allows us to make the beds of our wards (twenty-eight in number) entirely free. The hospital contains besides, two smal wards with six beds at three francs per day. The rooms with two beds are at five francs a day, and the rooms with one bed vary in price from 7 to 10 francs, making a total of seventy beds.

beds, consisting of six rooms of three beds each. Acute diseases can be isolated and the cases of internal infection are very few. We have treated 1,050 little patients in the seven years with twenty-six deaths, which is a mortality of only 2.47 per cent.

Besides these three hospitals there are in Paris numerous dispensaries; the most important are those of Doctors Chancerel, Crepel, Combes, Robillard and Madame Rosa Perrée.

Since a few years the number of homœopathic physicians has considerably increased in Paris in spite of deaths.

Last year alone, that is to say in 1905, we had the pleasure to add fourteen new confreres. These



Hospital St. Jacques, Paris, France.

The Hahnemannian Hospital, situated near Paris, at Neuilly, is likewise prosperous, even though the number of out-door consultations, which formerly was very important, more so even than that of Saint Jacques, has fallen off since a few years ago However, counting the free rooms and those that pay there are still thirty beds.

Close to the Hahnemann Hospital at Neuilly, 139 rue Borghese, is a charming little hospital for children, La Maison Marguerite, entirely free, for children from two to twelve years of age, with acute diseases, founded in 1897. It was built for the purpose of having modern comforts and hygienic surroundings. This little hospital contains eighteen

colleagues, for the most part young men, are full of spirit and hope, and serve to give a new life to the French Homœopathic Society, the meetings of which have become more frequent.

In the provinces Homœopathy is gaining in certain cities, principally in Havre; is holding its own in Lyons, but in the smaller centers there is some loss; it being difficult to fill a vacancy caused by the death of the physician of our school.

In all, I can say in all conscience, that the condition of Homœopathy, at least in Paris, is rather on the increase, after having decreased somewhat for some years. In the provinces the situation is not so favorable.

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HOMŒOPATHY IN DENMARK.

BY DR. BERGMANN, COPENHAGEN, DENMARK.

For the present we are only three practitioners in Copenhagen, the deaths of Dr. Hansen and Dr. Feveile having occurred in August, 1904. The names are Dr. Bergmann, Dr. Siemser and Dr. Wegge. At Aarhuus (Jutland) lives Dr. Owen; at Nakirkeby (Bernholm), Dr. Thorse, and at Brindeslo (Jutland), Dr. Olsen.

We have no hospital but a fund of about 300,000 crowns. We are wanting young men to take up the matter, as we are all past fifty.

For these reasons one cannot say that Homœopathy is growing in Denmark at the present time.

HOMŒOPATHY IN HOLLAND.

BY DR. VOORHAEVE, THE HAGUE, HOLLAND.

Homœopathy is represented in Holland by two institutions, viz.:

1. The Society of Homœopathic Physicians in the Netherlands (Chairman, Dr. S. J. Van Royen, Utrecht), numbering seventeen members, all of them homœopathic practitioners in Holland, which number will most probably before long amount to twenty-two. At irregular intervals a journal of the society is published.

2. The Society for the Propagation of Homœopathy in the Netherlands, consisting of physicians as well as laymen, and as its name indicates, trying to propagate as much as possible the principles of our method, also by means of its journal, the Homœopathisch Maandblad, editor, Dr. Voorhaeve, in cooperation with some of the other homœopathic physicians.

With satisfaction it may be here mentioned that the affection for Homœopathy is gradua'ly increasing, not only among the laity, but also among the allopathic colleagues.

Polyclinics are established in Amsterdam, Rotterdam and Utrecht.

Our wishes for the erection of a homœopathic hospital have not yet been fulfilled. However, the serious efforts made of late years to attain this end have led to the procuring for us an opportunity to arrange part of a hospital at Utrecht for the exclusive treatment of sick persons acording to the principles of similia. It contains two splendid halls comfortably furnished with twenty-five beds, and will be put under the direction of Dr. Van Royen.

HOMŒOPATHY IN RUSSIA.

BY DR. LEON BRASOL, ST. PETERSBURG, RUSSIA.[1]

The absence of any kind of statistical registration in the result of homœopathic treatment of the sick deprives us of all possibility of giving accurate facts by figures, which would depict the present state of Homœopathy in Russia. But we can unmistakably assert thatin the provinces Homœopathy has not advanced at all during these last five-ten years; nowhere have there been any rumors of the appearance of new homœopathic physicians; nowhere have there been inaugurated new homœopathic dispensaries, apothecary's shops nor societies. It is just as if Homœopathy had stepped upon freezing point and would not divulge itself as existing upon the whole immense extent of our country. As to St. Petersburg, the statistical data of homœopathic treatment of the sick are more definite, in consequence of the fact that the chief homœopathic chemist's shops, the dispensaries and the hospital are possessed by two societies, which publish every year their accounts for the public's benefit Therefore, as standards of Homœopathy's progress at St. Petersburg can serve, 1) the number of out-patients at the dispensaries; 2) the returns of the apothecary's shops, and 3) the private practice of the homœopathic physicians.

The dispensaries are visited mostly by the sick of the middle classes, who pay 30 kopecks for each visit and for the medicaments as well, according to their value; the poor receive without paying, either for the physician's consultation or for the remedies The members of the sick visitors in the two dispensaries of the "Society of the Followers of Homœopathy" (Sadovaia 18 and Lyceyskaia 6), and in the two dispensaries of the "Society of the Homœopathic Physicians" (Nevsky 82 and Vassily-Ostrow 5th line, 8). During the last six years, since 1900 till 1905 inclusive, are the following:

	In the two Dispens. of the Soc. of Foll. of H.			In the two Dispens. of the Soc. of Hom. Phys.		
Years	Paying Visits	Gratuitous Visits	Total	Paying Visits	Gratuitous Visits	Total
1900	20,729	8,395	29,924	11,868	2,766	14,664
1901	22,029	8,873	30,902	11,843	2,566	14,409
1902	22,591	8,942	31,533	11,154	2,216	13,370
1903	25,162	10,388	35,550	11,949	2,498	14,447
1904	22,273	9,314	31,587	10,315	2,315	12,630
1905	20,727	8,697	29,424	10,722	2,568	12,290

These figures tend to show that in the last two years the number of out-patients at the dispensaries has diminished.

The returns of the two apothecary shops of the Society of the Followers of Homœopathy and of the other two of the Society of Homœopathic Physicians, all four having a provincial clientship, besides the residential one, display a diminution of the revenues during the last two years. The yearly sale of

	Two Phar of the Soc. of Foll. of H.		Two Phar. of the Soc. of Hom. Physicians	
Years	Remedies	Books	Remedies	Books
	Roubles	Roubles	Roubles	Roubles
1900	46,454	4,391	43,833	1,033
1901	48,437	4 594	42,054	1,642
1902	61,018	5,983	44,412	1,430
1903	72,152	5,1 7	46,790	902
1904	68,039	3,536	43 947	852
1905	68,824	4,009	40,199	687

Again, a doubtless fact it is that the private practice of the homœopathic physicians has diminished in the course of the preceding years, and is being payed rather worse than it used to be formerly.

At. St Petersburg sixteen homœopathic physicians are at work; at Moscow, five; at Warsaw,

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five; at Odessa, four; at Kiew, two; at Charkan, two; at Vilna, two; at Riga, two; at Tiflis, one; at Lodz, one. In several other towns there may be found ten to twelve homœopathic physicians, but these do not furnish us with their informations of their activity.

The provincial homœopathic societies, having neither funds, nor members, nor physicians, drag on a very sorry existence. But it is to be also acknowledged that both the societies at St. Petersburg do not exhibit any special energy, and their activity is chiefly concentrated upon the maintenance of dispensaries, and the Society of Followers of Homœopathy besides possesses a fine hospital, opened in the year 1898, and in the year 1905 they have established a sanatorium upon the dry and sandy shore of the Gulf of Finland, in a pine forest, thirty versts distance from St. Petersburg, along the Primorskaia railway line, near Sestroretzk.

Homoeopathic Hospital, St. Petersburg, Russia.

The number of in-patients that have been inmates of the homœopathic hospital have proved to be the following:

In the year 1900, 173 patients, which spent 7,899 days.

In the year 1901, 268 patients, which spent 8,718 days.

In the year 1902, 235 patients, which spent 9.567 days.

In the year 1903, 258 patients, which spent 8.796 days.

In the year 1904, 206 patients, which spent 8,496 days.

In the year 1905, 313 patients, which spent 11,186 days.

And, thus, justice exacts the acknowledgment that Homœopathy in Russia in general, and at St Petersburg particularly, has not made any visible advancements. One of the conspicuous reasons of this fact is doubtlessly our unfortunate war with Japan, which adduced great numbers of men of the military calling out of the reach of our homœopathic treatment, and who had been our constant adepts. And the next reason will be the interior troubles that have befallen unhappy Russia, and which now have, pace by pace, been annihilating industry and commerce, that are continuing to decay up till now. Closely following up the decline of all commercial enterprise, the incomes of the homœopathic pharmacies, which constitute the chief source of revenue for our homœopathic societies, have also been curtailed, and private charity has become extinct as well. The distressing state of Russia is heavily weighing upon the whole structure of our life. During these last years the progress of literature, the arts and sciences has been stopping, and amongst these items has the interest to Homœopathy stepped back a good deal in the public mind. The public has now other things to think of. And to tell the truth, the homœopathic physicians do but little to rouse the interest of the public to their medical science; this will perhaps be the third and not least reason of the slow propagation of Homœopathy in Russia. The former public lectures, disputes and polemic encounters have ceased altogether; no newly

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edited books or pamphlets do any more appear for the public enlightenment, and a great many assaults upon the homœopathic cause that had been executed in the medical and common press have remained unanswered. The sole homœopathic periodical is in the editorship of some private apothecary, and, being conducted in a very sluggish fashion, has no contributors nor any readers. At such conditions there is nothing to wonder at if the numbers of the homœopathic physicians are so insignificant and are not increasing. The students of medicine have no possibility to get acquainted with Homœopathy at the universities, thanks to the non-existence of homœopathic chairs. And after the completion of their medical studies the young physicians have no place whatever to turn to for the study of Homœopathy, owing to the want of a homœopathic hospital which might serve them as a clinic. The existing homœopathic hospital here at St. Petersburg, though beautiful in appearance, is not fit for a school of Homœopathy owing to its restricted number of beds, its want of organization, and also to the absence of experienced guides, and the dispensaries are not adapted to clinical teachment.

When the revolutionary fermentation of the land will cease and life will once more flow in its ordinary channels, we have hope that then the temporary indifference of doctors and the public to the cause of Homœopathy will disappear; there will appear able lecturers, will be formed private courses for the study of Homœopathy, its literature will grow enlivened, beneficial work will revive, as well as the struggle for truth in medicine, and then Homœopathy will make gigantic strides towards the front. These are our hopes. Will they be realized? This will be evident in the impartial account to be given at the next International Congress in the year of grace 1911, that is to come.

St. Petersburg, Troitzkaia 5, July 5, 1906.

Hahnemann Home, Calcutta, India.

HOMŒOPATHY IN INDIA.

BY SARAT CHANDRA GHOSE, M. D., CALCUTTA, INDIA.

Hahnemann and Homœopathy is known throughout the length and breadth of India. Among the institutions in India is the Homœopathic Medical School of Calcutta, called the M. M. Bose Homœopathic Medical College, after the name of its founder, Dr. M. M. Bose, who was the first native of India who crossed the seas to America and graduated at the New York Homœopathic Medical College. Although Dr. Bose has passed away, much good has been accomplished by the school in popularizing the cause of Homœopathy in India.

There are a number of practicing physicians in Calcutta who are graduates from American Colleges, prominent among these are Dr. D. N. Ray, author of the well known monograph on Cholera;

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Dr. J. N. Majumdar, Dr. G. L. Goopta, Dr. J. N. Ghose, Dr. A. N. Mukhujee and Dr. S. K. Bose.

Throughout the various provinces of India are many native physicians who practice Homœopathy. In many villages in Bengal the majority of the inhabitants are accustomed to use only homœopathic remedies.

The following journals are published in India:

1) The Calcutta Journal of Medicine; editor, Dr. Amrita Lal Sircar, L. M. T., F. C. S. The oldest homœopathic journal in India.

2) The Indian Homœpathic Review; editor, Dr. P. C. Majumdar.

3) Sarala Homœopathy (in Bengali); editor, Dr. B. B. Chatterjee, M. B.

4) The Homœopathic Chiketsa Kalpadruma (in Bengali); published by Lahiri & Co.

5) The Indian Homœopathician, edited by Dr. C. C. Ghose.

6) The Indian Homœopathic Reporter; editor, S. C. Ghose, M. D.

There is one charitable dispensary in Calcutta; it was established in 1892, and is in a most prosperous condition. There are many homœopathic firms in Calcutta, and the metropolis is, in fact, flooded with homœopathic dispensaries. There are many pharmacies, the chief of which is called the Hahnemann Home.

The following colleges and schoo's have been established in India:

1) The M. M. Bose Homœopathic College, already spoken of.

2) Calcutta Homœopathic College founded by Dr. C. C. Kali, L. M. S.

3) The Calcutta School of Homœopathy was opened by Dr. P. C. Majumdar in 1883. It is still in existence, and in a prosperous condition.

4) The Dacca Hahnemann Medical Institution located in the city of Dacca. Dr. Hurro Kuman Gufita is the founder.

Homœopathy receives much discouragement from the government, the duly constituted body of regulars showered contempt upon us, but there is no public opposition.

There are the following homœopathic societies in India:

1) The Calcutta Homœopathic Society. This is a new society, and is very prosperous.

2) The Hindustan Institute of Indigenous Drug Proving. This was founded by Dr. S. C. Ghose for the proving of indigenous plants. It has twelve medical men who act as provers, and much good work has been done.

HOMŒOPATHY IN URUGUAY.

BY JOSE A. FONTELA, MONTEVIDEO, URUGUAY.

[The following is a condensed extract of a much longer article kindly sent us by Dr. Fontela.]

The knowledge and practice of Homœopathy are quite well extended and diffused throughout Uruguay; nearly all physicians will treat homœopathically or allopathically according to the desire of the patient.

There is a completely equipped pharmacy belonging to the writer, who holds a diploma in pharmacy from the faculty of medicine, where a complete course was followed. There is another pharmacy at the head of which is a military man not a pharmacist, and lastly there is an establishment for homœopathic specialties run by a quack, who keeps a regular stock of remedies and the specialties of Humphrey, Lob, Munyon and others.

The prosperity of the quacks and the popularity of the specific remedies is easily explained by the lack of physicians, by the enormous diffusion of the homœopathic doctrine, and by the ease and little danger in applying the remedies, even in the hands of the ignorant and unprincipled.

There are a million inhabitants in this country. Among this population I have sold more than twelve hundred copies of the first and second editions of Bruckner's Homœopathic Domestic Manual. More than two hundred copies of the same author's treatise on therapeutics, and many hundreds of treatises for families by Hering, Prost, Lacuzon, Espanet and others, without counting a good number of larger works on materia medica and therapeutics by Jousset, Jahr, Hughes, and many others.

For propaganda, besides the "Boletin de Homœopatia," of which I will speak later, catalogues of my pharmacy, supplement to the same, leaflets, etc., No less than a half million of which have been published and distributed gratuitously.

Officially, Homœopathy is recognized, and practically tolerated. By law there should be a chair of Homœopathy in the Faculty of Medicine, but through a trick of the secretary of the faculty, it was not put in, and thus came to naught, much important work done to obtain the same.

This law was the result of a great struggle and an epoch of the most active propaganda in which there took part all the social classes here. For it there were societies founded; each one of these had a free dispensary at which large numbers of sick were treated, and it is true that through these means the system acquired much good here and throughout the country. Various journals were started at this time, but none reached twenty-five numbers. They were of short life, as was also the length of the struggle. After the law passed the enthusiasm abated, and the forces heretofore employed in favor of the doctrine became devoted to personal interests. The two societies made war on each other, the doctors even became among themselves bitter enemies. In this period of decadence I bought the pharmacy which I have to-day.

Soon afterwards I published the "Boletin de Homœopatia," which is issued each month in the form of "The Recorder," with sixteen pages of text, and sometimes double this number. Six hundred copies are printed, five hundred of which are circulated in the interior of the country and the rest go to foreign countries.

Dr. E. M. Hale honored this publication with a few articles which appeared in Castillian at the same time they appeared in English, also Dr. Schussler. The physicians here do little collaborating.

Among the effects of my propaganda there is one that has been very satisfying, it is that I have come

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to be patronized by all the few homœopathic physicians that are here, and I have succeeded in making them all friends. I use the Boletin to make known here many of the good American remedies, and to make known the spirit of Homœopathy in that country and its many great physicians.

It is somewhat curious that in the development of Homœopathy in Uruguay nearly all who have practiced it, though intelligent and capable physicians, have died poor, and even those practicing it at the present time are not favored with fortune. Uruguay is, therefore, an unseductive country in which to practice Homœopathy.

It is not the same in the Argentine Republic and Brazil. In the latter country are many prosperous physicians. In Argentina they are also prosperous, yet no one is interested in propaganda, nor even are there homœopathic pharmacies, and those that sell medicines of our school do not keep up their stock.

It is the high and low social classes that take to Homœopathy rather than the middle classes. The high class accept it for its known efficacy, the facility of its employment, not to mention economy, which count for much or fashion. The lower class employs it largely for economy, ease of application, and the fact that work and diet do not become so much interfered with. The middle class find trouble in accepting the infinitesimal dose. Yet the successes of the remedies are bearing good results in this class.

I have had the high honor of being made an honorary member of the Academy of Homœopathy of Mexico, the motive of which was an article on homœopathic potentization, wherein I showed the absurdities of the extreme high potencies, such as the D. M. M., and the ridicule and discredit brought by them on Homœopathy.

HOMŒOPATHY IN BRAZIL.

BY DR. DIAZ DA CRUZ, RIO DE JANEIRO, BRAZIL.

Officially, Homœopathy is making no progress in Brazil, nor is there any school wherein it is taught, but among the people it is making wonderful strides, especially among the middle and lower classes. New homœopathic pharmacies are being opened and allopathic druggists are adding stocks of homœopathic remedies.

There is a Hahnemann Institute at Rio and a journal entitled "Annaes de Medicine Homœopathica." Homœopathic patients are treated at the "Misericordia Hospital," some 30,000 prescriptions being made annually, the death rate being less than half that of the allopathic side.

Many learned men are adopting Homœopathy and giving it their support, and hence in spite of official indifference Homœopathy is flourishing in Brazil, and is rising to the consideration of large numbers of people, if not to the majority.

HOMŒOPATHY IN MEXICO.

BY DR. JUAN ANTIGA, MEXICO, MEX.

Dr. P. R. Navarrete, who went from Cuba to Vera Cruz in 1850, was the first who practiced Homœopathy in the Republic of Mexico. In 1853 Dr. Ramon Comellas came from Cataluna, in Spain, and practiced in the City of Mexico. In 1854 Dr. J. Carbo, also a Spaniard, treated yellow fever with much success, being rewarded by an honorary certificate by the president of the Republic, General Santana. In 1855 Dr. Narcisco Sanchiz, a Spaniard, commenced to teach Homœopathy to a number of young men, among the first was Dr. Pablo Fuentes Herrera, who still lives. In 1856 Dr. Pascual Bielsa, a Spaniard, was the first propagandist that commenced a discussion in the press with physicians of the old school. As a result of these discussions Dr. J. M. Echeverte, director of the Military Medical Corps, and Dr. Joaquin Solas became Homœopaths. In the same year came Dr. J. Puig, who succeeded in obtaining a large clientele and gave his fortune for the establishment of a homœopathic hospital, but the Council of Health having opposed it his executors gave the amount to the homœopathic society of Madrid, in Spain. With Dr. Puig there worked with much success Drs,

Homoeopathic Sanatorium Davos, Switzerland.

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Gapf, a German, and San Felui, a Spaniard.

In 1860 Dr. Juan Antiga, a Spaniard, initiated Mr. Julian Gonzales in the new therapeutic method, and this Spaniard gentleman, who was of a very practical and progressive character, contributed notably to the popularity of Homœopathy, founding the first pharmacy and editing the first books on homœopathic domestic medicine.

At this date there were twenty-one Homœopaths distributed in different sections of the country, and among the skillful were the distinguished R. P. D. Aguas, P. J. Gomez de Leon. Messrs. J. Rivas, Dr. Degallado were approved by the Medical College of Puebla. Miss Dolores Mendez was the first homœopathic woman physician in Mexico.

Dr. R. Degallado, director of the hospital of San Pedro and San Pablo, and professor in the School of Medicine, was one of the most noted figures of that epoch, and his conversion created great interest in the public.

In 1861 Dr. P. Fuentes y Herrera started the founding of the Mexican Homœopathic Society, which yet exists, and was the first who tried to found the Mexican materia medica and pathogenesis in conjunction with Drs. Bielsa and others, publishing studies upon Bufo, Pulsatilla, Arnica, Salvia real, etc., in the "Gazette," which was the first Mexican homœopathic periodical.

The period from 1861 to 1869 was a turbulent one, owing to political difficulties, but in 1869 we met the notable eprsonality of Dr. Perez Ortiz, an enthusiastic polemist, of Spanish origin, whose articles attracted a large number of sympathizers to Homœopathy.

In the month of August, 1896, there was founded the Mexican Homœopathic Institute, a society which attained a great importance, and in the following year there was established a free clinic, and the publication of "El Propagador Homœopatico." This society held relations with all similar societies in Europe and the United States, and was invited to send its representatives to one of the sessions of the American Institute of Homœopathy, and counted among its correspondents many distinguished foreign physicians.

In April, 1871, the Council of Health endeavored to close the dispensaries of some Homœopaths, claiming an infraction of the health laws, but so much for the defense of the press and for the initiative of Counsellor Manuel G. Prieto, the governing minister, Mr. J. M. del Castello, revoked the order. Again, in 1872, under an analogous pretext, the action was renewed, which was finally and forever set aside by a decree from the president of the Republic, Don Benito Juarez, who gave to the Homœopaths all classes of guarantees.

Homœopathy then gained the aid and co-operation of Doctors Branlio Sagaceta, R. Alvarez, Ruiz Davila, Chauvez, Bianchi, Goyre, Pastoreza Arnand, Drumont, Gaviso, Carranza, etc.

In 1873, at the inititive of Dr. E. Carrera, there was founded the Mexican Homœopathic Medical Society in conjunction with Drs. Valdez y Morales, Barona, Medina, Chavez, Salas, Ramirez de Arellano, Hidalgo, Miranda, Gomez, Nacarete, Fuentes Herrera, Echavarri, Cueras, etc., establishing a consultation department in which it is said there were 8,947 consultations the first year, and founding the periodical "El Faro Homœopatica," in which very interesting articles appeared.

In the City of Puebla since 1865 Mr. Jorge San Martin worked in conjunction with Rev. Bernardo Boclar, being the first to introduce the new therapeutic method into that State.

The American Institute of Homœopathy invited Dr. Fuentes Herrera, and he accepted, to publish a resumé of the history of Homœopathy in Mexico. This work appeared in the Transactions of that Society.

In 1875 Dr. T. de Campo Lopez, director of the University of Havana, visited the Mexican Homœopathic Medical Society, and was elected honorary member after a brilliant reception.

In 1879 the eminent physician, Dr. Eduardo Liceaga, the most prominent figure in Mexican allopathic medicine, had the happy inspiration to unite all the physicians of the Republic for the study of typhoid, opening a competition and offering a prize of $500 and an honorary mention as the best work. Among the contestants Dr. Morales Pereira presented as new, never used by the allopaths, a large number of homœopathic medicines, such as Rhus, Arsenicum, Baptisia, etc., which gave place to the publication of an article by Dr. J. M. Montano, which appeared in the Medical Gazette in 1880, and was rewarded by a medal and corresponding diploma.

In the important allopathic periodical, "La Escuela de Medicinia," Dr. Patino sustained a good discussion with Dr. Crescencio Colin, out of which came the opinion of a notable man of science, Dr. Gavino Barreda, founder of the Positur Mexican School, and who, in giving his judgment upon Homœopathy, committed some errors in logic, which to that date had served as motives of critic of the brave thesis of Dr. Andreas Ortega, of the Homœopathic Medical School of Mexico.

In Yucatan history gives in the year 1851 the presence of Dr. Salvador Riera, a Cuban, as the first Homœopath, and whose brilliant talent succeeded in convincing and attracting the celebrated Dr. I. Vado, professor of the Medical Schools, and with him his intelligent companions, Drs. Rubio, Reudon, J. Hernandez, D. Alvila, M. Ancona, M. Vadillo, F. Pedrera, E. Febles, R. Vielamil, many of whom still live.

In 1877 there was founded in Puebla the "Homœopathic Society of Puebla," with the powerful co-operation of Dr. Zaragoza, and Dr. Marchena, and, later, of the famous physician, Dr. P. Daiz Barriaga, adding to them in his laborious work of propaganda Doctors Abraham Gonzales, Emigdio Garmendia, allopathic physicians, and the licentiate, D. Francisco Villaread, Rev. Bernardo Boclar, in the same city; Rev. Jose Maria Oropeza, in Tepeaca, and Dr. Augustin Cruz y Cano, in Atlixco.

In May, 1877, Dr. Colin in company with Perez Ortiz and Messrs. Cornelio Carillo, Bernardo Mendizabal and others, organized a small homœopathic hospital in the colony of Arquitectos, which had a short existence.

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Owing to the death of some notable homœopathic

physicians Homœopathy was visited for a long time with languor and indifference until 1885, Dr. Colin in conjunction with Drs. Oliard and Segura Pesado founded the Mexican Homœopathic Club, and initiated the periodical "La Reforma Medica," which sustained notable polemics with the allopathic physicians, Drs. Adrian Segura, Fenelon, Malanco, and others. The following year at the initiative of Dr. Panfilo Carranza, physician of the faculty in Cincinnati, O., there was founded a dispensary, which remained in charge of Dr. Fernandez de Lara, and in which it was said more than 8,000 patients attended during the year, being aided in this praiseworthy task by all the members of the corporation.

In 1887 Dr. F. Mendoza proposed to the Institute to solicit an official recognition of Homœopathy by the government, in order that this society could enlarge itself by faculties, grant diplomas of homœopathic medicine, and recommended the following professors: Dr. C. Colin, Dean and Professor of Pathology and Obstetrics with clinics; Dr. J. Segura y Pesado, President and Professor of Anatomy and Surgery; Dr. P. Carranza, Professor of Materia Medica and Therapeutics; Dr. A. Silvers, Professor of Chemistry and Physiology; Dr. J. Gonzales, Professor of Hygiene and History of Medicine; Dr. Fuentes Herrera, Professor of Legal Medicine and Diseases of Women and Children and Dr. Valles Morelos, Professor of the Principles of Homœopathy and Pharmacodynamics.

In January of the same year the Institute undertook the laborious task of reproving the materia medica, assigning to each one of its members a period of six months for the work, some of which were published in the periodicals of the Institute.

In 1889 and following, the President of the Institute, Dr. Segura y Pesado, proposed the establishment of an academy of medicine to teach not only the therapeutics of the illustrious sage of Meissen, but all branches which constitute medical science, there being elected to fill the chair of Anatomy Segura y Pesado; Clinical Medicine, Fernandez de Lara; Materia Medica, Fuentes Herrera; Pathology, Arriaga; Hygiene, Bachiller; Surgery, Gonzales; Physiology, Barona, and Pharmacology, Legarreta, and figuring among its alumni the highly distinguished companions Castillo, Regules, Alvarez, Martel Arias, Orozce and others.

Homœopathy at the beginning of 1901 acquired a new champion of inestimable value proceeding from the allopathic camp in the person of Dr. Ignacio M. Montano, who, with Drs. Segura Pesado, Fernandez de Lara, Gomez Suarez, Garcia Figueroa, Gomez Romero, Molina, etc., contributed to impress upon their respective clienteles the new therapeutic method, which they practiced with a deep scientific conviction. The loss of such an excellent faculty member has always been lamented, above all remembering that at the time of his conversion he published a pamphlet that impressed opinion favorably and merited great praise as much by its elevated style as by the solid basis upon which he founded his ideas.

In 1893 the members of the Institute, who, in conjunction with Segura y Pesado, had attended gratuitously numerous patients, and above all, that with the clinical observations collected the hospital, particularly that of Tacubaya, proved the superiority of the homœopathic method, interested the then minister of the government, Counselor Don Manuel Romero Rubio, and he designated a place in the outskirts of the city where in an official manner and with convincing statistics could be put forth the first public proofs, which, after a year of serious studies, led, as a result to the creation of the National Homœopathic Hospital.

This establishment which has always been intelligently directed by Dr. Segura y Pesado, to whose perseverance, unshakable faith and tenacity it may be said owes its existence was officially inaugurated July 15, 1893, by the President of the Republic, Porifirio Diaz, who attended the ceremonies in company with his secretaries and a large public. Fine addresses were made by Doctors Seguro Pesado, Montano, and a very feeling poem was presented by the well known poet Counselor Agustin Alfredo Nunez.

In the same year there was founded the Hannemann Society by Drs. Arriaga, Castro, Romero and Barona, and its official organ, "La Homœopatia," which carries yet with valor and constancy the glorious banner of medical reform to all foreign countries.

Owing to the convincing statistics which are presented each year in the homœopathic hospitals as opposed to the same in the hospitals sustained by the government with the assistance of the allopaths, the same General Diaz had the happy inspiration to celebrate the same by the foundation of an actual national school of homœopathic medicine, which retained official recognition in fact and for always by the Republic conceding to its alumni the same perogatives as those of the allopathic national schools In vain some physicians endeavored with futile arguments to refute such a solemn act, some resorting to ridicule and others to reasons against the new system. A decree of the government terminated this useless discussion, and on the 4th of January, 1906, it was inaugurated officially in the presence of General Diaz and his secretaries. Brilliant addresses referring to the importance of the ceremony were made by Drs. Segura Pesado, Garcia Figueroa, Anselmo Alfaro, and again, with strains of his lyre, the illustrious poet, Agustin A. Nunez, charmed the distinguished and numerous public.

In the year 1900 the periodical "La Propaganda Homœopatica" was founded, destined exclusively to fill the program of its title, directed by Drs. Juan Antiga, Segura y Pesado, and Fernandez de Lara, passing later to the exclusive direction to the first of these.

The same year there was established in Puebla the Academy of Homœopathic Medicine of this State, which succeeded in reuniting more than forty members sustaining the periodical "La Revista Homœopatica" under the direction of its president, Dr. F. W. Zambrano.

At this time the Academy of Homœopathic Medicine of Mexico was reorganized with Dr. Enrique Hernandez y Ortiz, President, and Dr. Juan Antiga, Secretary, and which had a surprising increase, since it has more than 200 members, and with the aid of

the periodical "La Propaganda Homœopatica," contributes powerfully to the diffusion and vulgarization of Homœopathy in every corner of the Republic.

Actually Homœopathy possesses another champion in the periodical "El Progress Homœopatico," directed and sustained by studious Dr. Vincente Beracoechea, of Zanora Michoacan.

The periodical "La Homœopatia" owes its strength to the learned colleague Dr. J. N. Arriaga, who has undertaken the great work of translating to the Spanish language the most resplendent jewels of American literature, and on his own account has given to his subscribers the admirable works of Farrington, Schuessler (Boericke & Dewey edition), Dewey, Clarke, Nash and others, thus rendering to all Mexican physicians, especially those who speak the Castillian language, an inestimable service.

The actual faculty of the National Scohol of Homœopathic Medicine is the following: Dr. Ismael Sanchez, Anatomy and Dissection; M. Lizama, Histology; P. Martinez Garza, Physiology; E. Torreblanca, Typographical Anatomy; R. Isaias, Pathology, first course; C. Sancedo, Pathology, external, first course; J. Segura y Pesado, Exposition of the Homœopathic Doctrine and Materia Medica; M. Gutierrez, External Clinics; Luiz F. Ponagas, Operative Medicine; M. Machado, Internal Pathology, second course; F. Castillo, External Pathology, second course; S. Ongaz, Internal Clinic; J. M. Nicoli, Obstetrics; H. G. Perez, General Pathology; Fernandez de Lara, Clinics; A. Gutierrez, Hygiene; J. Vanegas, Legal Medicine.

The number of alumni to date has been 175 (and here follows a list of some of those who have terminated their studies and the titles of their theses which for want of space we omit).

It is, therefore, assumed that some 1,500 persons practice Homœopathy in Mexico, of which those cited have received a medical education, or have undergone previous examination at the National Homœopathic School. Others are allopathic physicians converted to the science of Hahnemann, and the great majority, industrious and obscure workers, spread the benefits of this method through country and city to constitutional laws. We can affirm that there is not a locality however insignificant in which Homœopathy does not count at least one representative.

In the National Hospital during the last thirteen years more than 8,000 patients have been treated with a mortality of some 15 per cent., which it is true seems high, but many enter the hospital as the antechamber of death beyond medical help, and the great majority are chronic cases, which are incurable. During the same period some 300,000 free prescriptions have been made by the professors of the medical school of the hospital under the direction of Dr. Segura y Pesado.

The medical societies which we have indicated, the National School and the homœopathic periodicals, contribute in an efficacious and active manner to the work of propaganda, and the number of persons who solicit the services of homœopathic physicians increases daily clients increase, and above all, by the homœopathic pharmacies distributed in different parts of the country, about a dozen in number, of which more than half are in the capital.

The future of Homœopathy is, therefore, perfectly assured in Mexico, since between those who utilize it we are proud to count many prominent names in social, political and military circles. Each moment we hear of the conversion of new and illustrious allopaths giving the public faith in the numerous cures reported, and above all, the alarming state of animosity of the physicians of the contraria school upon their own affirmation, with convincing and reasonable facts upon their own clients. It is, however, to be lamented in the radiant future that this augurs in the social and scientific world that in the official constituency one of the greatest titles to glory that Mexico is proud to exhibit before her sister Republics there should yet exist differences and division among confreres of the same doctrine and substitute indifference or bitter passion for sympathy, love and enthusiasm, which should serve to characterize the proceedings of all the workers and of those who know how to sacrifice themselves for the triumph of grand ideas.

Mexico, July 15, 1906.

HOMŒOPATHY IN GERMANY.

BY DR. RICHARD HAEHL, STUTTGART, GERMANY.

"Truth is the daughter of time, not of authority." This work by Baco, of Verulam, has been verified in the slow growth of Homœopathy in Germany. During the last decade Homœopathy has gained much more ground among the public, but the number of homœopathic physicians have scarcely increased. As a fact, I do not know of any time for the last fifteen years when there has been such a large and urgent demand for homœopathic physicians as at present. Ten years ago the homœopathic society of the Kingdom of Wurtemberg (consisting mostly of laity) had about 5,000 members, to-day we have more than 9,000. During the same period the number of homœopathic physicians in our Kingdom has scarcely increased, at present only twenty-five physicians are practicing according to the principles of Homœopathy. In our entire German Empire we have a little more than 400 Homœopaths. There are a number of towns in Wurtemberg with 20,000 to 30,000 inhabitants having large homœopathic societies, but no homœopathic physician.

Let us, therefore, briefly consider some of the obstacles that prevent the increase of the number of homœopathic physicians in Germany.

First of all I must call attention to the fact that most of our homœopathists are very much overworked, the burden of their daily duties being so great that most of them cannot possibly find any time for contributions to our literature. For this reason—with very few exceptions—we are missing interesting articles, books and pamphlets, intended to convert students and newly graduate physicians to Homœopathy. Lately the society of homœopathic physicians of Berlin have tried to overcome this obstacle by the publications of large and modern works on homœopathic materia medica and practice of

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medicine. Thus far only one volume of each has been published, and it will probably take a number of years yet until the complete work has left the press.

Another reason for the disproportion between the homœopathic laity and physicians is the fact that we have no laboratories for experimental purposes and scarcely any hospitals for the homœopathic treatment of the sick. Our allopathic physicians on the contrary are richly supplied with money by the government for all their necessary needs in laboratory or hospital equipment. At present throughout the German Empire only two homœopathic hospitals are open for the treatment of the sick; one near Berlin, a large and beautiful building, with fifty beds, doing excellent work, and a second one at Munich, entirely too small for teaching purposes. The Leipsic homœopathic hospital, however, had to be closed some years ago for want of money.

There are also a few homœopathic dispensaries in Germany, for instance, in Berlin, Leipsic and Stuttgart, but only the first one named is so large and well equipped that practical teachings can be connected with the work done there. Once or twice a year a post graduate course is held by the homœopathic physicians of Berlin. Any allopathic physician can participate and listen to a course of lectures on Homœopathy. The practical material presented there consists of patients treated in the Berlin homœopathic dispensary. No other undertaking has done so much for the advancement of Homœopathy in Germany than the above-mentioned course of lectures by the Berlin society. The increase in homœopathic physicians, especially in the northern parts of Germany, is almost exclusively due to this fact.

At present there is no chair for Homœopathy in any German university, no opportunity for physicians and students to listen to a thorough course of letcures on homœopathic materia medica and therapeutics. All of our homœopathic physicians of Germany are graduates of some allopathic institution, having gained their knowledge of Homœopathy by studying books on this subject. In spite of this fact, they are almost constantly attacked and insulted by allopathic authorities, as physicians of lower grade and inferior quality, although they have had exactly the same training and passed exactly the same eraminations.

Now you may ask, If there is such a large demand for homœopathic physicians why does the government not appoint some one to teach Homœopathy on one of the universities? The answer is, Because the faculty of a university is an almighty factor in Germany. The government cannot force the teachings of Homœopathy if the faculty does not say that there is a necessity for it. Years ago the Hahnemannia (the homœopathic society of the Kingdom of Wurtemberg) pointed out to the government that the graduates of our medical schools are ignorant of everything concerning Homœopathy. The dean of the faculty was obliged to admit that no effort had been made thus far to give instruction on this subject. The government thereupon asked the faculty to give some annual lectures on Homœopathy so that the student will know something about it. Now how were these directions carried out? One of the members of the faculty, a well known adversary of Homœopathy, was appointed by the faculty to give a new lectures on this subject. I need not tell you what these lectures contained—nothing but interrupted attacks upon the teachings of Hahnemann, full of cursory remarks on Homœopathy. One of our representatives compared this way of teaching Homœopathy with a cat that teaches her young ones how to protect birds.

Homoeopathic Hospital, Berlin, Germany.

In 1901 our society asked in a petition our Landtag, to appoint one of the homœopathc physicians to give some annual lectures (perhaps one a week) on Homœopathy. Alarge number of our representatives were friends of Homœopathy, and the bill was passed with the necessary majority of votes. But, as I told you before, there are some unsurmountable difficulties, provisions in our governmental laws that make it simply impossible that Homœopathy will ever be taught in any of our German universities.

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After the Landtag decides to recommend to the government a chair for Homœopathy, the whole question must be put before the faculty of the university. As the latter consists exclusively of allopaths, you can guess the answer that was given: "There is no necessity for such a chair."

Since this time we began to collect money for a homœopathic hospital. The ground for it has already been bought, and we hope soon to be able to teach Homœopathy privately in this newly erected hospital.

There are still a number of obstacles, but I only wish to mention one more. With the exception of the Kingdom of Prussia and Grand Dukedom of Hessia, German homœopathic physicians are not allowed to dispense their own medicines. After visiting your patient you must write a prescription, which must be filled in one of our pharmacies, all of which are under the strictest governmental control. Now the old story tells us that back to the times of Hahnemann apothecaries have never been great friends of Homœopathy. There has been scarcely a change in the meantime. It is a pity that we must depend entirely upon the pharmacist, for with some exceptions they dispense to the public whatever they please. Some time ago one of my patients sent her servant to the pharmacy to fetch some Bryonia 6. The servant could not recall the name of the remedy and asked for Veronika, which was promptly dispensed. Another lady by mistake sent a slip of paper to the pharmacy with "Estremadura 5" (a certain kind of wool), the apothecary nevertheless gave the servant a bottle (filled probably with alcohol) and labeled "Estremadura 5." The homœopathic physicians of Berlin had a number of homœopathic remedies in the lowest potencies of different pharmacies examined and found that they contained nothing but sugar of milk or alcohol. Three years ago the Homœopaths of Berlin examined eighty-seven homœopathic remedies from pharmacies of different cities of Germany. Not less than sixty-seven of it were unfit for use.

Of course, there are some pharmacies to which we can have full confidence. Dr. Schwabe's homœopathic pharmacy in Leipsic, for example, is a well known one, every reemedy being carefully prepared and potentized up to the 30th or 200th. In Cannstatt near Stuttgart we also have a most excellent homœopathic central pharmacy, belonging to Hofrat Mayer. Dr. William Boericke, of San Francisco, in looking through the different rooms of this pharmacy, was recently surprised by the great extent and fine equipments of this establishment.

Clinical Medicine.

CLINICAL LECTURE.

BY J. ROBERSON DAY, M. D., LONDON.

[Delivered at the London Homœopathic Hospital, June 12, 1906.]

Physician for Diseases of Children to the Hospital.

Gentlemen:—We happen to have in Sarton ward at the present time two somewhat unusual cases, and a third, boy, I have written for to come up, who also exhibits a similar clinical picture.

Vomiting is a symptom you will often be asked to prescribe for, and in order to do so successfully you must ascertain the causes producing it.

Children are always readily made to vomit. If a child even dislikes his dinner and you force him to eat it against his will he will often vomit. Vomiting is nature's way of ridding the stomach of improper and indigestible food, hence after a surfeit of forbidden food a child is often sick; such sickness is frequently accompanied by diarrhœa, and Pulsatilla 3x is the medicine which meets this condition

In infancy vomiting is even more common, but its consideration will to-day lead us too far away from these three cases before us.

Last week, you will remember, the little boy with acute lobar pneumonia began his attack with vomiting. Vomiting being a common mode of attack in this disease, and most particularly so with scarlatina. Another frequent cause of vomiting in childhood is concussion of the brain. A child at play or elsewhere gets a fall on his head, he becomes stunned, turns pale, vomits. This is known as cerebral vomiting, and is the best illustration of it. In meningitis also vomiting is a marked symptom, and is also of the cerebral type due to the inflammation of the meninges. Occasionally you will meet with cases of chronic vomiting, depending on the state of the stomach, where a habit of vomiting has been established. Such was the case with a boy, H. K., aged 4 years, who had been constantly vomiting all food for the last three months. Even milk could not be retained, and he vomited till red in the face. He had been under the treatment of two good London allopathic doctors, who, failing to relieve him, sent him into the country, where he was seen by a third allopathic doctor, but with no better success. His mother had been told it would lead to gastric ulcer. Such was the history with which he came to me; thin and emaciated. His organs were sound, but he was so weak he could not walk. When he next came his mother told me the sickness had entirely ceased after the second day of taking the medicine (Ipecac. 3ffl). Recovery was speedy and uninterrupted, and his strength returned rapidly so that he was soon able to walk again.

But you will not always make such a brilliant cure as this, as in the case of this girl to whom I now call your attention. She is 13 years old, and you notice how very thin she is. She has been vomiting on and off for four years. Has been in two other London hospitals (allopathic), where all methods of treatment appear to have been employed, even to the removal of her appendix. Here you see the scar left by the operation. It did no good, however, and she went on vomiting just as before.

The character of the vomiting is peculiar, it comes on without any warning, about an hour after food; suddenly she feels sick and vomits. Her tongue, you see, is not furred, and there is evidently no gastric condition to account for this. The bowels are confined, and she has to be relieved occasionally with an enema.

We have examined the fundus oculi and there

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are signs of double optic neuritis commencing. There is no visual disturbance, and the girl is not conscious of anything being wrong with her sight. So you see it is not necessary to wait till the patient complains of her eye before you use the ophthalmoscope.

Double optic neuritis is a serious symptom, because it indicates some organic mischief going on in the brain, probably a tumor of some kind.

It is important to notice that she has no other symptoms, no headache, no fits, no unsteady gait, simply these two symptoms, persistent vomiting and optic neuritis. But these are sufficient for the purpose of diagnosis; and now for the treatment. When I admitted her I had not examined the eyes and I gave her Ipecac. 3x; this, although an excellent remedy, as we have seen in suitable cases, was of no use here. This is a case of cerebral vomiting, and we, therefore, turn to the medicines which cause vomiting, acting on the brain. There are four, Apomorphia, Belladonna, Glonoine and Rhus toxicodendron. I selected Apomorphia, and gave it in the 30th. It is beautifully homœopathic to control vomiting. Apomorphia, which is one of the many alkaloids contained in opium, when injected hypodermically (hydrochlorate of Apomorphia, grain 1-10) acts as a prompt and powerful emetic, and is extensively used in cases of poisoning for this purpose. It is too early yet to say how this medicine will suit her.

Belladonna would be indicated, especially if there was headache, flushed face, with throbbing carotids and sore throat, with disturbances of the sensorium, such as dreams, delirium, night screaming, etc.

Glonoine would be indicated with great occipital headache, throbbing and beating, vertigo palpitation, faintness or convulsions.

Rhus toxicidendron when the symptoms are worse at rest, a condition of restlessness, patient desiring constant change of position.

This next patient, as you see him, offers a healthy boy of 7 years, with a good color and nothing particularly wrong. On inquiry, however, we find he has been subject to headache, and has occasional attacks of vomiting. The eyes have been examined and there is double optic neuritis. He has no unsteadying of gait, but his knee joints are exaggerated. He has been having Tuberculinum 200th. At present no medicines are being given.

John S., aged 15 years, has been under my observation for several years He comes to see me occasionally, and I have asked him to come up today. You notice his peculiarly unsteady gait. So bad is it that he occasionally falls. His knee joints are exaggerated, and at times he has slight ankle clonus. Just now he is fairly well, and has no sickness or headache. These symptoms at one time were very distressing, and worst of all he had to have seven fits, which left him prostrate. He also has had double optic neuritis, but his eyesight is not much affected, and at school he is being taught basket making.

He is mentally defective, and at times very emotional. He is being trained at one of the schools for deficient children. He has a marked tremor in his hands, so that his writing is most difficult. We will ask him now to write his name, and there you see a speciment of what he can do; obviously, he will never do for a clerk.

The treatment in his case has been Tuberculinum 30th, and Arsenicum iodatum 3d, which has been so far successful in his case that he is now as you see him.

Now all these three cases are suffering from some form of intra-cranial tumor.

Dr. Starr has collected 269 such cases, and finds the character of the growth forming the tumor varies as follows:

Tubercle	152
Glioma	37
Sarcoma	34
Glio-sarcoma	5
Cyst	30
Carcinoma	10
Gumma	1
	269

Thus we see the tubercular growths are by far the most frequent. These are found for the most part in the cerebellum, the crura or pons; they are rarely central or cortical.

Gliomata are mostly cerebella or in the pons-varioli.

The symptoms for the most part are very characteristic. They may be divided into (a) general, such as headache, convulsions, mental conditions, iritability of temper, emotional and partial imbecility. There is optic neuritis, vomiting and vertigo; the sleep is disturbed.

(b) Local, vary according to the position of the tumor. If a cortical lesion, and in the Rolandic area, it is possible to localize the position by the character of the convulsions, which may be produced; e. g., if the convulsions appear in one leg the lesion is in the upper part of the Rolandic area, on the opposite side to the leg; if in the arm, in the middle part of the Rolandic area in opposite side, and if in the face only the tumor is in the lowest part on opposite side. The local convulsions are not accompanied with loss of consciousness, and are followed by a temporary paresis, the condition being known as Jacksonian epilepsy.

Should there be any aphasic symptoms the growth is in the third left frontal convolution.

These three patients show more of these localizing symptoms. John S. has such marked difficulty in walking that we are justified in assuming the growth is in the cerebellum, and also that it is tubercular in character.

THE GENERAL VS. THE SPECIAL TREATMENT.

BY THOMAS M. STEWART, M. D., CINCINNATI, O.

The title of this essay indicates that eye cases demand treatment along two lines. It is the duty of the specialist to determine which line is the more important at the beginning of the threatment, and to adjust their relative importance as the case continues under observation.

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The diagnosis of the disease is more easily de-

termined than is the discovery of the contributory causes to the diseased condition. Just as diagnosis is determined by exclusion, so also may we come to definite conclusions regarding causative factors. These latter are so subtle and elusive that we are compelled to carry out the treatment with an imperfect knowledge of them; but we can always rely on well ascertained principles of physiology to enable us to use our partial truths to good advantage.

The inflammatory diseases of the eye furnish a good illustration of the two lines of treatment suggested by our title.

It so often happens that attention solely to the eye symptoms does not bring relief to the patient. The usual remedies fail to secure the improvement so confidently expected. Instead of bold attack, our attitude changes and we fight on the defensive, until we somehow hastily change our tactics and call to our aid the weapons of the general practitioner. We begin to look at the individual, and not at the image of his distress, i. e., the diseased organ.

The old campaigner eventually learns his lesson; his experience in many a hard fight tells him to go back of the enemy's visible position, and to estimate the vitality, the resisting power of the patient, and his other vulnerable points.

In a word, a knowledge of the general condition of the patient is as necessary a factor in the treatment of the special disease, as the diagnosis is necessary as a guide to the success of the means we employ for its cure.

The fundamental proposition is to become thoroughly acquainted with the daily habits of the patient as regards eating, sleeping, drinking and bathing, his disposition of mind, attitude of his faculties toward his work, etc.

Everything that makes him, him.

Often enough this line of investigation added to whatever else we may think it wise to do will disclose interesting data upon which to individualize the case, enabling us to treat the patient as well as his disease.

To briefly particularize, a diet excessively proteid in character will prolong inflammatory conditions. Such a patient needs variety in diet, to be sure, but he must not ring the changes on meat, eggs, cheese, pie, cake, beans and peas, for instance.

A diet of too much sweet will contribute to thick mucous discharge, and it will prolong suppuration; the natural sweet of unsweetened fruit should take the place of jellies, preserves, candies, maple syrup and the like.

A carnivorous diet contributes to the constipation habit peculiar to the carnivorous animal. Bulky vegetable food in some proportion daily is needed to distend the intestines and act as a natural stimulus to normal peristalsis.

Wines, liquors, beers, etc., do injury because of their acidity; the natural acids in fruits are unconcentrated and will help to allay the unnatural craving for their bottled substitutes.

The wild desire to further the sale of the unnumbered alkaline uric acid solvents may be checked by a knowledge of the fact that the uric acid formed in the body is largely destroyed in the body again. Its occurrence in unusual amount may be due to diminished destruction, poor elimination or increased production. Uro-analysis cannot decide the point without a comparison of uric acid factors taken into the system.

Therefore a reliable table of food analysis and value is a necessity in all well regulated medical households.

The time allotted to the essayist is wisely limited. recognizing its value we throw out these hints. If the matters mentioned are unfamiliar, hasten to get well acquainted with them, get the patient in better physical trim by their application, and then note how much more certain your medicines act as aids in the cure.

CLINICAL CASES.

BY CHAS. G. WILSON, M. D., CLARKSVILLE, TENN.

It may be helpful to some practitioners to read these cures as it has been to me in reading others.

About nine years ago I was called to see Mrs. G., age 45 years, about a sore on lower part of breast, left side. Found a hard lump in lower part, not very sensitive, but handling it caused afterwards sharp pains, similar to those she had before each menstrual period. The nipple was retracted. She had noticed it a year previously, but had refrained from calling in a physician for fear he would call it cancer, which he did, and besides she was about to be married for the second time. Of course, I began on the arsenical treatment internally, and when it ulcerated used Arsenicum externally as long as she would stand it. Her health began to fail. She weighed about 150 pounds; fell off twenty-five pounds; lost appetite, and finally went to bed to die. She had mitral insufficiency and asthmatic attacks. I had used Hydrastis and a number of cancer remedies without effect. On account of being fleshy and swelling of breasts before menses I gave Calcarea also Conium without effect. After several months of this without effect—she had from the first refused to have breast removed—I gave up the cancer cure idea and took her case as carefully as possible to relieve the other discomforts as best I could. Menses becoming irregular, lasting three to six days, painless, hot flashes, much worse from heat, never liked fats or sweets, late going asleep and tired mornings as if had not slept. Gave Pulsatilla 200 every two hours. From the first few doses improvement sat in. The pains were much relieved, and the half of the breast was gone and the rest very hard; it began to heal up. She regained her usual health; in fact, said she felt better and could do more work than for several years. For several years the pains would come on monthly, although her menses ceased in about a year from my taking the case. I had tried many other remedies, but with them the case went backward until Pulsatilla was given again. For past year the left arm has been swelling until now it is as large as my thigh, and I am no skeleton—weigh 200—and for past six months she has had excruciating pain in shoulder and in chest under the left arm. These pains come at night at 11 P. M. Not, every day but, from once a month at first, they are now often three or four times a week, as if a wire was tied tightly

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about it and being twisted tighter and tighter. I have racked my memory and thumbed my books for a remedy. Cactus ought to have relieved it, but did so for a few times only. The pain lasts usually until 3 or 4 A. M., ending with a nervous chill and jerkings; lasting half hour. During most of the attack she is as cold as if dead, and she says feels frozen. Heat applied relieved for a while but not now. Physical condition good otherwise. Sometimes pain goes up back of neck and head. Probably a neurosis, but can any reader suggest a remedy?

The only other remedy that has seemed to help in the cancer is Protonuclein; she has taken half dozen bottles in as many years.

Another more satisfactory case is a man. age 60, weighing 180 pounds, had not been well for several months, in fact. a year. Much depressed, weak and "bilious." For three months previous to my visit had been passing a gallon of urine during day and more at night, being up nearly every half hour, and drinking proportionately. Bad taste in mouth all time, and so dry and thirsty. Kept water bucket at hand. Heat oppressed him. Wanted sour things and vegetables. Tired mornings, and often vertigo on rising in morning. More depressed, then also towards the middle of the day brightened up some

Analysis of urine showed strong acid reaction, some albumin and very much sugar—one drop reducing easily a test tube of Haines's solution—I gave him Lachesis 200, one powder, followed by placebo. The next week he reported not quite so much urine, and feeling much better in spirits. I gave another dose of Lachesis. The third week he was still better, and I gave another dose. He said he got up only three or four times at night. The next Monday he had a chill at 7 A. M., and was discouraged. Said he had had chills for two months the year before, and took enough Calomel and Quinine to kill an ordinary man. I saw my mistake. I had not taken the previous history well, but as he was improving, I continued the placebo. The third day he had a still harder chill, and needed the persuasion of the family to keep him from going back to Quinine. though I told him I knew the suppressed malaria was the probable cause of his diabetes. Then the urine decreased to not over a quart in twenty-four hours, and only up once in the night. Analysis showed no decided sugar, though the Haines's solution lost its blue color but remained clear. Appetite returned, and he said he never felt better in his life. He is still taking blank disks, and I hope he will soon be free from all trouble. There was considerable albumin in urine, while sugar was present, but now only a trace.

These two cases are but examples of constitutional treatment regardless of diagnosis. The first great relief and prolonged life in an incurable disease, and the second a practical case if not positive.

Bichloride of Mercury

Dissolved in normal saline solution in the desired strength will not be so irritating to the nasal or other mucous membranes as when dissolved in pure water.

Gynaecology.

FEMALE STERILITY.

BY R. DEL MAS, PH. D., M. D., CENTERVILLE, MINN.

[Written for the fortieth annual session of the Minnesota State Homœopathic Institute, May, 1906, Minneapolis, Minn.]

Nothing in nature exists without purpose. To believe the contrary is folly, and failure to obey natural laws will necessarily be followed by evil results.

Nature having provided woman with reproductive organs, the latter must beget, that her destiny of procreant be attained and true womanhood be accomplished.

In certain higher circles of life it is thought that intellect and educational training do overcome and compensate for love's bliss, as though woman was not made out of flesh and bones, and only was a "spiritual" being whose energy is to be developed in that strange sphere where the mind vibrates but the heart never thrills.

And what could be justly said of all the nunneries in the world? Are they not hot-beds where nature is cheated? and where and when did the "Father of Christianity" ever teach to deviate from natural laws. But it would here be out of place to even slightly allude to monkish teaching with the hope that the millennium would occur in the next twenty-four hours! Still it matters not whatever creed we nourish and social standing we hold, as reasonable beings we must admit what experience, reason and science teach us concerning the social destiny of woman. She must, willing or unwilling, contribute her share toward continuing posterity, and there is no sense of degradation she must feel in this matter. A sterile woman disappoints nature, and is bound to experience a sense of imperfection, which daily pares off her tranquillity of mind and well-doing of body. The woman who prevents conception is to be pitied and treated, since she has an aversion or incapacity to perform the sexual act, if she does not fail to realize what nature and society demand of her. And the "human germ killer," where is he? And whence come the "mulier-gelder?" The latter is too "fashionable" nowadays. He seems to be a "necessary" note in the production of the "discordant hysteric cord."

Erroneous is the creed that pretends to elevate the race by subtracting it from its natural obligations, and we painfully admit that such a creed has worked its way from the highest social circles to the peasant's sphere. And do you wonder that "big sticks" commence to speak of race suicide? But do you really think that their pondered words will ever cause a barren woman to become fruitful? Statutory laws will never raise the standard of public morals. The luxurious social life of to-day has made our hearts "oblique." To enjoy life well a poor man at the present date has no need of a wife, and still less of children. And social "exigencies" of our day are so tedious, numerous and exacting that woman should be made of steel that her nerves could resist without injury and "solution of continuity" an

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eternal pounding and stretching. Would the abolition of Trust's tyranny make the poor man rich? Kindly do not ask me. But allow me to ask a question: If no poisonous drug could ever be procured by the laity, except on the prescription of a licensed physician, and if no "patent" or "advertised" regulator of women were allowed to be sold and advertised, do you not think that the physician would not be called so often to the bedside of "goody-goody" women (that could lick church steeples to nothing that their souls be saved) that are aborting due to a "cold," a "fall," or "heavy lifting?" Such a law would not raise the morals of anyone; but do we not muzzle or chain up an ugly dog if we do not want to kill him? And regarding the laws regulating the sale of drugs by pharmacists and "peddlers." I am at a loss to see why the American stripes do not wave so high as the French tricolor. May be the medical regiment on this side of the Atlantic is responsible for it.

Too much on this "side topic." Let us turn another leaf and commence a new chapter.

Is the inability to conceive offspring a disease of itself?

No. It is rather a symptom of a diseased organism. The pathology of sterility is based upon the physiology of conception. Whatever in woman will cause her to be barren must be regarded as a cause of barrenness. Women we have who can never conceive, others miscarry or abort, and last, but not least, some do not become "enceintes" just because they "don't want to." In order to be considered as fertile a woman must have her sexual organs capable of

1. Producing a healthy ovum.
2. Allowing the ovum to descend into the uterus.
3. Receiving the seminal fluid.
4. Fixing and developing the fecundated ovum.

None of her sexual organs should be wanting. In chronic inflammation of the ovaries, if the ripened ovarian follicles fail to rupture on account of a thickened capsule, sterility will forcibly be present. In hernia, apoplexy, hydrocele and prolapse of the ovaries, we must expect to find sterility. Ovarian and parovarian lysts also generally prevent the production of the ovum. Salpingitis (septic or specific), pelvic cellulitis and general pertonitis do often obliterate and displace the Fallopian tubes, and thus give rise to irremediable barrenness. Still tubal pregnancy has occurred in salpingitis. Should the abdominal ostia be occluded entirely, we would have absolute sterility.

Anteflexion of the uterus is congenital or due to an imperfect development during childhood. It is usually met with in poorly developed state of the sexual organs, hence sterility is quite frequent with this condition, as the produced ovum is unhealthy, the serum cannot enter the womb, or the uterus suffers from a chronic inflammation.

Retroflexion is, on the contrary, a disease of the parous woman, and may cause tserility through a passive congestion of the womb. Hence endometritis and posterior displacements go hand-in-hand. Retroversions may be followed by prolapsed ovaries and cause sterility also. Chronic corporeal endometritis, be it interstitial, glandular or fungus in character, usually renders the woman sterile or liable to abort. The chronic discharge escaping from the external os destroys the spermatozoa, and the diseased endometrium favors not the fixation of the impregnated ovum upon the uterine wall. I have never found either a case of membranous dysmenorrhœa becoming "enceinte" while her uterine condition lasted. The prolonged and irregular menstruations accompanying certain women diseases, may also wash the ovum away and prevent conception. A lacerated cervix, usually met with a profuse, acrid leucorrhœa, or the displacement of the os internum, may also cause sterility. Tumors in the uterine cavity will interfere with the implantation of the ovum or its subsequent development; others in the vagina and of the labiæ may forbid coition. The copulative act could not take place either, either should the vagina be wanting, not duly developed or imperforated. Vaginitis is a frequent source of barrenness, and so are a small os internum or externum and atresia of the cervix uteri.

This is a long array of rebellious citizens. We might enlist them in two regiments, i. e.:

1. Congenital deformitties.
2. Acquired incapacities.

Of the congenital deformities in the sexual organs of women very little might be said as to their causes, excepting "heredity," which is a factor more potent than we generally happen to think of. And by "heredity" I don't mean to say that a "sterile" woman will give birth to a "sterile" daughter. No; but congenital resemblances—normal or pathological—are too frequently seen to be disputed by the unprejudiced mind. Thus, what might be regarded as a congenital deformity in the mother might present itself in a greater degree in the daughter, and again, we have what is called "ataxism" or "reversion of characters." That which never appears in the parent may be transmitted through him from grandparent to child. As Darwin says: "In every female, all the secondary male characters; and in every male, all the secondary female characters apparently exist in a latent state, ready to be evolved under certain conditions." Do we not find male traits in females whose ovaries are diseased or after the menopause, and female characteristics in eunuchs? In fact, any "latent" character may reappear after many a generation. Still it is doubtful that a pathological trait be inherited by the child if it is not present in the germ cells of the parent. "Heredity" is then a factor that acts from within. It is a "potentized" or dynamical" agent present within the cell at its birth and subsequent development, and causing it to deviate from its natural channel of useful intelligent destiny. Do you not think that our "dynamical armada" could meet such an enemy as "heredity" is and sink "him" at the bottom of the sea? I know we could level and straighten some hilly and crooked roads. I believe the "latent" characters could be successfully assailed and swept away: and what is "congenital" in the mother might in a great or lesser degree—if not entirely—be corrected so that the offspring would not inherit it.

Regarding the causes of "acquired sexual incapacities" in women their name is "legion," or rather the word "environment" would cover them all. En-

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vironment is a factor that acts from without the living cell. It has many heads and tails; it comprises all the agents, be they material, physical or psychological, that exert their action upon the living organism, i. e., food, water, air, the forces of nature (climate, temperature, weather, localities, altitudes), injuries, long-lasting diseases, sepsis, venereal infection, improper clothing, an irregular mode of life, neglect during menstruation, sexual excesses, masturbation, applied Malthusianism, mental shocks, grief, privations and hardships of any sort, continence, a life of intemperance of any kind, and injudicious medical and surgical treatments. One and many of these causes will arrest or prevent in early life the natural development of the female sexual organs, and render them later incapable of bearing offspring. Many a woman has become barren after her first child or miscarriage, and others after acquiring a personal aversion to coition and their husbands and family.

Subinvolution due to injuries received during parturition or following labor in "relaxed" constitutions is recognized as one of the greatest causes of subsequent female sterility. But most disastrous to productivity in woman are septic diseases and venereal infection. The wearing of any clothing which to a great or lesser degree interferes with abdominal breathing, crowding down the pelvic organs, will give rise to various sorts of uterine and ovarian displacements, and thus be a source of sterility. But the ways and means employed to-day to prevent conception or destroy the living ovum in the uterus are numerous in kinds and disastrous in results. Applied Malthusianism shakes the foundations of female structure. It is the best and quickest way to remove the female outlines, to make the woman bosomless, hysterical, nervous, irritable, jealous, whimsical and subject to all sorts of pains and changes in her genital sphere and spinal and gastric domains. And one needs not to be a "religious observer" to believe that. It only requires some observation and a little experience. Are there many women on earth who know that much? But what is the use of their knowing it, those of them that prefer death to child-bearing? Teach the child and he will learn; let mothers set the example. That is very good indeed. Still I must confess that around my way the mothers who have borne large families are no incitement in their married daughters to do the same.

We, nowadays, want comfort and luxury in life, and all means seem to be good to reach that end. The problem to be solved greatly concerns political economy and social morals. And experience and history teach us that the most moral people always was the most temperate, frugal and simple hearted. . . . But let "big sticks" concern themselves with that branch of government. We will turn another leaf, and see if we, as physicians, can do something to check the disastrous march of the furious torrent of race suicide.

Yes, I believe we can, to a great extent. Our materia medica is a mine richer than all the heads put together of the economists and moralists in the world. We can balance the human mind. What statesman could do it? We are able to meet "heredity" on a strong footing, and we remedy the change caused by environment. We can re-establish order in the innermost of man. Could statutory laws do it?

Treatment of Sterility.

Any sexual organ wanting in woman cannot be replaced. Congenital deformities can be corrected. Hygiene surroundings can be looked after with satisfaction. The race can be ameliorated. The irregular mode of life and improper clothing during the stage of development, as well as neglect during menstruation, can be properly attended to. In her education and training the girl can be looked after, that her procreative power be not smothered. It is well to bear in mind that woman and man are not quite alike physically, nor do they develop alike either. At puberty the female scales will take to the head or the pelvis, and give us a healthy woman or a physical wreck. It seems to be almost a truism that the whole life (health) of woman centers upon her reproductive apparatus. Hence the education given our girls must vary from that given our boys. The girl who will race with the boy after intellectual attainment may be as successful as he, but her brain will sap her pelvis, and, while the boy remains physically sound, she will be left with disordered pelvic functions. The educational heads of our country might study this question and furnish a "memoir" for the enlightenment of Federal and State authorities. If it were possible also to bring woman back to her sense of duty as procreant, and make her believe practically that motherhood is her highest and noblest vocation, the Republic would see her giant eagle shake her wings with delight.

There are certain "congenital deformities" that operative procedure must remove. And here I would like to leave the matter to the mind and conscience of the surgeon. Atresometria, vaginatresia and an imperforate hymen necessarily require a "mechanical" treatment. But membranous dysmenorrhœa and small os, either internal or external, can be cured by medicine. Backwardness, dwarfishness can be greatly benefited, if not entirely, when we treat the "constitution" and not the "organ" of the patient. Inherited and acquired sexual defects can be tackled, and once the "constitutional" taint removed, nature will do the rest; that is, "growth" will necessarily follow after the "cure." Surgery has never "cured" a constitutional ailment. It may remove the "results" of diseases not diseases. A lacerated cervix, a torn perineum may cause future troubles, and should be repaired. But where does "common sense" come in when "surgical hands" pretend to be a "panacea" for all displacements, enlargements, prolapses, catarrhal inflammations and discharges of the uterus, and salpingitis and oophoritis, and what not? Here is a uterus that through "lack of tone" one day fell to one side or the other, backwards or forwards, or slided down to near the mouth of the vagina, and started to make her owner feel that "he" was there, and not at the right place. "He" had turned to be a "kicker," and pretty good at that, like a broncho on the wild prairie. Now, do you think that a pessary, a shortening of ligaments, a ventrofixation or an hysterectomy will bring "tone"

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back in that patient? No. The "broncho" will be "tied" or "gone," but the patient? . . . And, if the patient is cured by an adequate constitutional treatment, what will take place? Well, the uterus having regained its normal weight and the ligaments their wonted tenseness, the displacement, enlargement and accompanying inflammation and leucorrhœa will vanish from sight. Any of us can verify the assertion.

Septic and venereal infections are also amenable to the action of medicines. Vaginismus, generally found in nervous patients, is not a local trouble, and requires a systemic treatment. The nymphomaniac and masturbator need no castration, and their infirmity is no "sin," but a perverted nervous activity instead. And a well selected remedy will do more for them than all the sermons preached from now till the millennium, the benefits to be derived from a good sermon notwithstanding.

Do you suppose that good advice will cure the married woman, who, through a source or another, regards sexual intercourse as a "degrading act," or has no enjoyment and perhaps feels pains during coition? No; but the homœopathic remedy to the case will, and quickly, too.

The pains and aches a woman has often to go through during coition and child-bearing are sufficient to lead her to continence or applied Malthusianism. And the "block" in her way ought to be removed with medicines.

Gouty, rheumatic, anæmic subjects, and those having the "tubercular" dyscrasia are very prone to pelvic derangements. The "taint" once obliterated the pelvis will give no trouble.

Ovaritis is frequently seen in uric acid constitutions; it may also develop from unnatural gratification of the sexual desire, after sexual excesses and hæmorrhages, from a long period of continence, from septic and gonorrhœal sources, and from subinvolution and prolapsed ovaries. Oophoritis simplex is rare, as it most commonly appears with endometritis and salpingitis; but menorrhagia seems to occur chiefly with "cystic" oophoritis. The reflex neuroses concomitant with inflammation of the ovaries are varied and numerous, and only the "totality" of the symptoms in each case should guide the prescriber. Organotherapy is misleading, but a prescription based on "generals" will never fail to bring favorable results gently and quickly.

Operating, in many cases, would seem to be advisable should we consider only "how quick" the surgeon can work, and "how slow" a potency will oftentimes act. But we can point out facts to our patients that will make them shrink from the operating table, for surgery, as above stated, has never cured a "constitutional" disease; but it has been disastrous many a time to the general health of the patient in causing internal changes far worse than the external manifestations of diseases.

Some women will conceive and bear their offspring only to a certain stage of uterine life. And here it is when the conscientious prescriber will obtain favorable results, and see smile both a triumphant mother and a healthy child.

Yes, grand is the calling of women on earth; and blessed be her who lives up to it. Blessed be the physician who never contributes his share towards race suicide. Blessed be the man who discovered the law of cure. Happy is the close follower.

The position I have taken in this paper is open to criticism. We do not all think along the same lines, and I have merely told you some of the things I know about "female sterility." I do not deem it proper here, as time forbids me, to materialize my opinion and experience in the matter. Suffice it to say that I have seen the "homœopathic" remedy do wonders; and I wish the unbeliever would forgive my frankness, and go and try to put the thing to the test and publish its failures, remembering that only by investigation truth shall be born. And are we not the sons of truth?

Materia Medica.

CALCAREA CARBONICA AND CALCAREA PHOSPHORICA IN DISEASES OF CHILDREN.

BY G. R. BISSELL, M. D., COLUMBUS, O.

Calcarea carbonica and Calcarea phosphorica should be written in letters of gold in every household in the land. One of the crowning glories of Homœopathy—I may say the crowning glory—lies in its power over the sufferings and ailments of children, and a great percentage of this power rests in the two remedies I have mentioned above, how great a percentage I fear to say, lest I be accused of unfairness to the many other valuable remedies of that there are no two remedies in our materia medica, the bounds of safety when I make the statement our pharmacopœia. I am, however, well within the bounds of safety when I make the statement that there are no two remedies in our materia medica which are more often called upon for service than these, or which are more capable of bringing relief and cure to suffering children.

Calcarea, as we all know, might almost be called a universal substance, as some one has said, "the backbone of the universe." We know what it exists outside our own planet, for studies of the light of the various heavenly bodies show that it is present in them. We find it on the earth in the earliest geologic times. It is the predominant element of the lower silurian age; indeed, some geologists have gone so far as even to term this the age of the calciferous epoch. Thence it has spread until it enters more or less into the composition of everything, be it animal, mineral or vegetable. In one form it has erected the coral islands in our seas; in another, it forms the frame-work upon which are built the complex bodies of all mammals. We find it omnipresent in the human body. It not only forms the major portion of our skeleton teeth, but has its place and use in practically every solid and every fluid part of the organism; yes, in every individual cell, indeed, by being deposited inside the cell wall it becomes directly responsible for many of the phenomena of "senectus."

With this introduction we will enter into the great field of the medical uses of the calcareas. It has, of

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course, been well authenticated and frequently set forth that the kind of disease produced by a superfluity of any given substance is exactly that which ordinarily results from a deficiency of the same substance. Thus we all know that habitual drinkers of Chalybeate waters become in time anæmic To overcome this we give iron in minute doses, thereby aiding the assimilation of the iron that is continually being taken into the system in the various forms of food. Soon we notice the results, the buoyant step and the glowing cheek. What a confirmation of our noble law "Similia Similibus Curantur!" So it is with the calcareas. We may go to localities where lime waters are the common drink, or where lime is taken into the system in excess, and there we will find bronchocele prevalent. Again, we notice that the children of goitrous parents are more than apt to suffer with Cretinism, which is essentially a defective growth, a condition of imperfect ossification, hydrocephalus, and frequently imbecility. Also we observe that goitre itself and its results are almost the rule in the average mountainous region, notoriously the Himalayas (see W. W. Rockhill, "Land of the Llamas"), and the foothill region of the Alps, where the spring water is well known to be calciferous. In all these cases we see the effects of too much lime in the system, and these effects are obviously the same as those that follow a condition in which sufficient lime is not obtained. And in these instances as well as in that of the iron cited above, a proper treatment, lime itself given in a potency, will again confirm "Similia Similibus."

In this connection it is interesting to note that the native "medicine men" of certain regions of South America are accustomed to treat goitre by requiring their patients to chew small bits of a kind of sea weed, a species of sargassum, itself essentially a high potency of lime. Truly we may almost say that both our mottos, "Similia Similibus" and "Die Milde Macht ist Gross," are necessary forms of thought.

The effects—which is equivalent to saying the indications—of these two forms of Calcarea phosphorica and carbonica, mentioned at the beginning of this paper, are very much alike, and it often needs close discrimination to choose between them. Indeed it is impossible to lay down any rigid rule, and practically impossible to lay down even a general rule for guidance in the selection. Practice and experience in this, as in many another condition furnish the only invariable rubric. We may say that the old practitioner feels "in his bones" which of the two is required. From my own experience I should say that a careful study of the general contour of the body and the appearance of the skin will supply us with the needful information. We may say broadly that the phosphorica patient is commonly found to have large features and a head entirely too big for the body. Frequently there are symptoms of colic, and this almost certainly indicates phosphorica, as do also open fontanelles.

When we find the little patient whose general symptoms indicate Calcarea, inclined to be scrofulous or to show any serious skin affection, or severe sweating about the head, we may with safety pronounce in favor of Carbonica. But such rules will not always work by any means, for most of the symptoms are thoroughly interchangeable.

Calcarea carbonica is almost always indicated in the case of delayed menstruation in young girls. In this disorder the patient is plethoric, but there is a deficiency of red blood corpuscles. She has palpitation of the heart and there is more or less dyspnœa Calcarea carbonica will generally bring on menstruation, whereupon the above symptoms will immediately cease. Probably in the diseases of younger children no remedy is so frequently called upon as Calcarea carbonica.

The typical Calcarea carbonica child shows a condition more of bloat than of solid flesh. The color is inclined to be watery or chalky. Often there is a dry cough, which persists through the night, but becomes loose in the morning. The appetite is generally ravenous and the thirst pronounced. The child craves eggs together with milk, both of which invariably disagree with the stomach. The whole digestive system is greatly disturbed, the milk in particular is vomited up soon after it has been taken, coming up in large curds. All fat food sickens the child.

There is also considerable tendency to diarrhœa, which is inclined to be worse at night. The stools are quite apt to be curdy and of a sour odor. The child is always slow in movement, and the growth is retarded and irregular, a defect which seems to be more of the osseous system than of the muscular, as is shown by the slowness of dentition.

There is a great inclination to perspire about the head, and this is an almost certain symptom of Calcarea carbonica. Another fairly sure and very prominent symptom of this remedy is a swelling of the upper lip. Also in acute hydrocephalus, Calcarea carbonica is the remedy par excellence, and I have never known it to fail in giving the best results.

We must bear it in mind, however, that we will find many Calcarea carbonica cases which seem to be the opposite extreme from the condition of bloat that we had above. Here we find emaciation and a flabby skin. Here we find the scrofula, and in this disease, Calcarea carbonica is our sheet anchor. Also in this class of cases we frequently find an eruption on the external ear involving the auditory canal. An intense itching is apt to accompany this eruption, and scratching seems to thicken the surrounding tissues. This ultimately interferes with the hearing and produces more or less ringing in the ears. Sometime during the past year a little patient was sent to me from Fortress Monroe, a child with a most distressing case of eczema, involving the external ear. The organ was enormously swollen and covered with fine scales. There was no moisture, but on the contrary, great dryness with terrible itching. The child had been attended for some months by an eminent aurist (allopathic) without relief. Calcarea carbonica, sixth trituration, cured in a little over three weeks. No local applications were used, nor was any other remedy given.

Calcarea phosphorica presents many symptoms identical with those of Calcarea carbonica, but we must remember that here we have the action of phosphorus as well as that of lime. Calcarea phos-

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phorica is our reliance in cases of deficient nutrition that manifests itself in the emaciated child, with flabby abdomen and a predisposition to glandular troubles. The fontanelles are open and remain so for a much longer time than is normal. The skin in this case, as in Calcarea carbonica is included to be pale and chalky, and here, too, there is often profuse persipration about the head, especially while the patient sleeps. All movements are most deliberate. The child's spine is weak and the legs cannot support the weight of the body, hence the little one totters and falls when he tries to walk. The neck is thin, and can only with the greatest difficulty support the head, which, on its part, is disproportionately large, as are also all the features. Dentition is extremely slow. Right here I recall having given Calcarea phosphorica some years ago to a child for the purpose of aiding a long delayed dentition. So remarkable were the results that the child innocently asked her toothless grandfather why he did not get some medicine from Dr. Bissell, too, so that he also might have some teeth. Thus it is in all weaknesses of the osseous system, weak back, legs, weak ankles, curvature of the spine. Calcarea phosphorica is a remedy without a peer.

As with Calcarea carbonica so with Calcarea phosphorica we frequently find the ravenous appetite. Sometimes the head ceases to be the prominent, and the abdomen is abnormally large, the rest of the body being emaciated and the skin hanging flabby and in folds. Where bowel trouble is present there exists along with it an intense craving for eggs. Inspite, however, of the appetite, we find that the system rejects all food, especially milk in any form, which, if taken, may come up in curds very sour. Milk, of course, is continually offered to the child by the mother, who naturally thinks that if she can get the child to retain it she will have cured his trouble. But milk, continually given, excites almost constant colic, so whenever you find a mother carrying her child over her shoulder and complaining that he will not rest in any other position, do not forget Calcarea phosphorica. It is the remedy most certain to bring relief. Colocynth is not to be compared with it. Indeed, we have in Calcarea phosphorica a perfect picture of cholera infantum. There is the emaciation, attended with prostration, persistent vomiting and profuse water diarrhœa. There are the cold extremities. Mentally, the child is much depressed, is very backward in grasping anything. In fact, it is said that cretinism can be produced by a persistent use of Calcarea phosphorica.

Calcarea phosphorica is valuable also in certain cases of scrofula, especially where the symptoms are aggravated when the patient is moved about. In such an instance do not jump at the conclusion that Bryonia is the indicated remedy, but take into consideration the general appearance, and, if you find the large head, the open fontanelles, the emaciation, etc., you will at once recognize incipient rachitis. Here Calcarea phosphorica will help you out. Again, you will find Calcarea phosphorica of great use in many cases of inflammatory rheumatism. Only last winter a child suffering with this disease, and being a perfect counterpart of the remedy, was brought to me for treatment. I gave Calcarea phosphorica with most satisfactory results. A complete cure was accomplished in a little over two weeks. No other medicine was given.

And so it goes. Daily we are adding new cures to the already imposing record of the Calcareas. Almost daily we are finding new conditions under which they are effective. I am sure that when you find a combination of any of the symptoms I have cited, or of similar symptoms, if only you will make a trial of one of these two remedies, the result will satisfy you; a short experience will enable you to tell at a glance which one is indicated. Then you will become to depend upon them, and when, in later years, you number among your clients magnificent men and women whom you can recall as puny, almost lifeless infants, you will join me in thanking the Merciful Creator for having placed about us so abundantly and made so easily obtainable the cure of so many ills of the flesh.

Surgery.

DRAINAGE AFTER OPERATIONS.

BY DEAN T. SMITH, M. D., ANN ARBOR, MICH.

The question of drainage is an old one. Before the days of aseptic operations many surgeons did not close even amputation wounds, as it was found that there was less fever if the flaps were allowed to separate widely, thus facilitating drainage. With the advent of Listerism it became the practice to close practically all wounds except small portions through which drains were introduced into the deeper parts. All wounds were drained because it was believed damage would result if the serum and blood that always exudes from a cut surface were not removed.

Since that day till now progress has been along the line of using drains less and less frequently. The present day dictum regarding flesh wounds as taught in our text books is fairly well represented by the following quotations (Chas. McBurney, in the National Text Book, page 290): "All wounded tissues exude a certain amount of serum, and there are few wounds, no matter how carefully attended to, which are not followed by more or less subcutaneous bloody oozing. In a small proportion of cases, which at the time of closure seem to be absolutely free from bleeding, one or more vessels will, after closure, allow of a considerable hæmorrhage into the tissues. The presence of pure serum or blood clot in the cellular spaces of a wound is certainly an invitation to bacterial development, which, in a perfectly empty wound, would not take place. Whether it is worth while to accept even a small risk of such accident for the sake of completely closing the wound in an ideal manner must be left to the judgment of each surgeon." Also the following from Rose and Carless, page 268: "Before closing the wound the surgeon must use every endeavor to secure absolute hæmostasis, and then the wound may usually be stitched up completely and without drainage. In large wounds of vascular

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parts, and especially when some amount of oozing may be expected, it is advisable to insert a suitable drainage tube, and stitch it flush with the surface. It is removed at the end of forty-eight hours at most. We feel confident that the removal of the discharge and the changing of the soaked and perhaps stiffened dressings add materially to the comfort of the patient." Recent current magazine literature gives no decided change from the text book teaching.

The propositions that I wish to prove in this paper are these:

First, Flesh wounds, in which it is probable that there is infection, but in which no inflammatory focus has developed, should have no sutures applied that will prevent antiseptic dressings and treatment to the whole infected surface, or should be closed completely and without drainage.

Second, Every clean flesh wound that does not extend into a cavity, should be closed without drainage unless packing is necessary to stop hæmorrhage, or unless the fluids that might accumulate would endanger the results by displacing the flaps or pressing on important tissues or viscera.

Our first proposition assumes the presence of bacteria in the wound. Will a drain lessen or increase the danger of suppuration if such condition is present? It should be borne in mind that some of these cases are bound to suppurate in spite of treatment. When the bacteria are present in the wound in large numbers or are virulent in character, or, if the cell resistance of the organism is weak, suppuration will take place whether the exudate is removed with a drain or not. Sometimes the surgeon can know of such condition at the time of operating. If so, the wound should not be closed but should be treated as an open wound until the germs are destroyed or the incision healed. More frequently he will not know positively of the kind of infection until it is demonstrated by inflammation in the wound or by the presence of sapremic symptoms. When such inflammation or symptoms develop, the wound should be opened sufficiently to expose all infected areas to treatment. The treatment for these cases is standard. I have considered them only for the purpose of limiting properly the real subject under discussion.

There is a class of cases in which, even though infection is present, it is possible to secure union without suppuration or with a late "stitch-abscess" development. It is in this class that a drain may do harm or may do good.

All writers, so far as I have been able to investigate, advocate the use of a drain in all infected wounds. How will the drain affect suppuration in such wounds? In two ways: First, by removing the bacteria; second, by removing the exudate, and so giving the body cells a better opportunity to get at and destroy the germs. It is possible that the bacteria may be washed out of the wound by the serum that would flow away because of the presence of the drain, but such a result will be realized so infrequently that it has no practical bearing on the result of treatment.

The bacteria that remain in the wound will multiply until checked by the development of antitoxins, by cell resistance, or by the abscess opening, i. e., by drainage and cell resistance combined. If excess of exudate be successfully removed by drain or other methods, the pus formation will be less in amount and sooner recovered from. In a few cases, with the exudate removed, the germs might be gotten at by the phagocytes and destroyed before they had increased to sufficient numbers to cause any disintegration of tissues. Such a result is of rare occurrence. The mere presence of the drain may assist the bacteria if they remain in the wound. It will irritate and weaken the cell resistance the same as any other foreign body would do. Besides the space occupied by the drain will be filled with blood or serum as soon as it is removed. There will be enough dead matter for the bacteria to revel and multiply in, and in some cases more than if no drain had been used. The devitalizing of the tissues without lessening the amount of the exudate may lead to suppuration, when, if the drain had not been present, the germs would have been destroyed. It is my conviction that the presence of a drain will not prevent and seldom lessen the amount of suppuration that may result from the germs left in the wound at the time of operation.

With a drain in a wound I believe it is possible and often probable that its presence will lead to such reinforcement from without of the bacteria in the wound as will lead to suppuration, when without such reinforcement the bacteria would have been destroyed. The method by which a drain leads to the infection of a wound will be discussed later.

I have made no experiments on lower animals, and it is not possible in practical work to demonstrate this proposition, because the quantity and character of bacteria in the wound, the resistance of the cells, the amount of exudate that would have been present without the drain, or of germs that pass in along the drain, as well as other factors cannot be measured in any particular case. But by a careful observation of a large number of cases, one may get convictions even though he can not demonstrate the point by examples.

My conviction is that in these suspicious cases a better practice than using a drain is to close the wound for primary union, to watch them carefully and remove any excess of exudate when it has developed, or to open the wound upon the first appearance or suspicion of pus being present.

In clean wounds drains are used to prevent the accumulation of fluids and to prevent infection. The first of these objects can usually be attained if the wound is properly sutured and dressed. If the wound is large and an effort is made to coapt the surfaces, a drain will only remove the fluids from the tissues immediately contiguous to it. The closely apposed surfaces will prevent the fluids from passing from one part of the wound to another. The oozing or serum may be in a part of the wound that is separated from that in which the drain is located. Even if we admit that the drain will take out all the fluids that might accumulate in a clean wound, it is still liable to do more damage than good. If the serum can be removed without danger of infecting the wound, the parts will doubtless heal more quickly than if the exudate remained. But my contention is that a drain in a clean wound always invites infec-

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tion and suppuration. It should be borne in mind that it is not the presence of serum or blood that causes suppurative inflammation, but the presence of bacteria.

If a clean wound is properly sutured, the close adhesion of the cuticle and the dried exudate will soon protect it from invasion by bacteria. If the accumulation within the wound is sterile, it will usually remain sterile until it is either absorbed or evacuated. If it becomes necessary to remove it, it can be done with as much care as would be given to a primary operation. If there is nervousness or special sensitiveness, an anæsthetic may be given in order to have the work thoroughly aseptic. Then the fluid can be aspirated or evacuated through a small opening in the incision with practically no risk of infection.

A few drops to a teaspoonful of bloody serum or fat emulsion is often found in clean wounds when they are dressed, a week or ten days after the operation. When it is evacuated, the wound closes with no recurrence of the secretion and no suppuration. This has been my experience, and I doubt not the experience of other surgeons.

The presence of the exudate does not make infection, does not invite infection. A drain does not make infection, but it most certainly invites infection. That the skin is never absolutely sterile and that bacteria cannot pass through a dry medium are facts universally recognized by surgeons. When the operation is completed the skin surface about the wound is aseptic. Within a few hours the bacteria will have been worked out from the glands or hair follicles of the skin and the surface contaminated. If the wound was carefully closed the line of incision will be sufficiently protected to prevent invasion by the time the germs threaten. Not so if a drain is left in the wound. It will make a perfect highway by which the germs can travel to the deeper tissues. This will happen whether the drain is of glass or rubber, gauze or thread or what not. The foreign body will excite secretion, and while it remains will furnish a nice moist passage way from the skin to the depths where the bacteria can revel in dead tissue (exudate) about the drain or that fills the space it occupied after its removal.

Even if we admit that the drain sometimes hastens healing by removing an excessive exudate, it much more frequently protracts the healing by leading to infection in the wound.

I wish to give point to the argument by the recital of two cases. One was a traumatic aneurism of the axillary artery. It was the result in the treatment of this patient that has led me to make a careful study and a more particular observation on this subject of drainage. I reported the case in a paper before the Northwest Ohio Homœopathic Medical Society at its fall meeting, 1905. I wish to repeat the portion of that paper which bears on our present subject. It is as follows:

"I did one thing in the treatment that I believe might better have not been done. That was using drainage in the axillary wound. Every other wound that was made in or about the arm healed by first intention. This wound became infected. Such a wound would be bound to have considerable exudate, and I followed the authorities when temporary drainage was left in the cavity. The disadvantages of the drain are well understood. It furnishes an avenue for the germs to get into the wound. Since we cannot make the skin absolutely sterile, the glands and follicles about the incision are bound to give up their bacteria, and the saturated dressing make a most favorable means of entrance to the injured tissues. All of these factors would be especially active in the axilla when the arm could be only partially extended during dressings. If the wound had been closed the pressure would have checked the secretion. If more fluid had collected than could be absorbed it would have been a comparatively easy matter to have cleaned the surfaces about the wound and opened it sufficiently to evacute the blood and serum. If the parts are sensitive a little anæsthetic will make it easier to secure perfect asepsis. I have been using drainage less and less frequently in clean or only suspicious wounds. I have found it easy to remove, aseptically, serum or blood that remained unabsorbed after a few days. Its presence does not materially protract the healing. We all know how difficult it is to make an infected wound sterile and secure rapid resolution. In the light of recent experience it will be a very unusual circumstance that will lead me to put drainage in a clean wound."

Drs. Sawyer, of Marion, and Watts, of Toledo, discussed the paper, and both claimed that I did right in using drain, that there would have been much more extensive suppuration if it had not been used. About all I could say in reply was that I hoped I would soon have a chance to test my theory. The opportunity came, not in the form of traumatic aneurism, but in the removal of a large, solid goiter.

If ever a clean wound required drainage, it seemed that this was one. In previous operations for goiter I had always used a drain. Not only were the tissues through which the cutting was done exceedingly vascular and rich in lymphatics, but the cavity from which the tumor was removed, large, and we were able to make but slight pressure with the dressings and have our patient continue breathing. I expected there would be an accumulation of lymph and serum, and there was. However, the skin margins healed by first intention, and the cyst was kept sterile. There was not a drop of pus from first to last. In four or five days the cyst had reached the size of a large hickory nut. It was aspirated and caused no further trouble.

Had I cut through thyroid tissue the case would have presented a different problem. The thyroid secretion that would have escaped from the cut surface of the gland might have caused serious systemic conditions if absorbed. In this case the diseased condition made it necessary to remove the whole of the gland. The point we are considering is the prevention of infection in clean wounds.

I am well aware that one case does not make a law, and I do not rest my deductions on this case alone. It is one of many, and I report it because it so aptly illustrates the point I am trying to make.

I would make the following deductions:

1. An abscess requires drainage either by free incision or by the use of some foreign material in the wound.

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2. Some infected wounds will suppurate whether drainage is used or not.

3. Badly infected wounds, those in which a drain might be warranted, should be treated open and antiseptically until the germs are destroyed.

4. A slightly infected wound will be more apt to suppurate if a drain is used than if not. Such wounds should be closed for primary union and watched carefully. They should be opened at the first appearance of suppuration.

5. A drain in a clean wound will not prevent but will invite infection.

Correspondence.

Heartily Opposed to Journal.

Editor Medical Century:

I am most heartily opposed to an Institute journal, and can see no valid arguments in its favor. It is claimed that in this way the whole membership can sooner get and be able to read the Institute papers. This does not argue in favor of an Institute journal, as all the good papers are soon published in our various already existing journals, and thus reach the profession very promptly. An epitome of the business transactions usually appear in all the journals within a few days after the Institute adjourns. Then, too, as I understand it, the Institute journal would not publish the transactions in full, and valuable statistics and reports of organization, registration and other committees would not be presented. Many would not go to the expense and trouble of having their year's journals bound, whereas now their volume of transactions forms an interesting and important part of their library. I have a full set which money could not buy, and I should be very sorry to have their annual publication ended. Perhaps the younger members would not care so much now, but it is my opinion that in future years, when too late, they would greatly regret the loss of these valuable volumes. Generally speaking, we have plenty of journals already, too many of them. There is no room for another, nor would its publication by the Institute be fair or just to existing journals, which already have a hard time to "make ends meet." I can not help being uncharitable enough to think that this idea of an Institute journal is being largely promoted by a "ring," who as advertisers, etc., expect to profit by it. They are not considering solely the interests of the American Institute.

Yours truly,

A. C. Cowperthwaite.

No Journal—A Salaried Organizer.

San Francisco, July 30, 1906.

Editor Medical Century:

Your request for an opinion from me concerning the publication of an "Institute" journal, as the official organ of our national organization, is complied with some reluctance, because my now long residence on this coast and my inability to attend the meetings of the Institute (which means failure to accurately gauge the temper of the organization or to understand its "policies") has made me very cautious about expressing personal views. In fact, I have not even referred to the matter in my own journal, although the Pacific Coast Journal, a few years ago, published an article from a contributor warmly advocating the measure.

Personally, I have at no time been in favor of an Institute journal, and I should very much regret to see one started. The arguments made in favor of such a publication have not convinced me of the wisdom of the step. If I understand the situation the movement is chiefly based upon the belief that valuable papers under the present system of publishing them in a large volume of "transactions" are buried out of sight, are not read as they deserve to be read, and thus fail to give to the authors the hearing to which their value entitles them, which, of course, includes the assumption that the profession fails to be benefited by these papers as it should be. I see no reason why those who are not sufficiently interested to open and read the volume of "transactions" would be eager readers of the same matter presented in some other form; it isn't "human nature" that they should be.

I believe that an Institute journal would be a serious injury to many of our local journals. There might not be such a great loss to them in the number of subscribers, but there would beyond doubt be a very material loss in profitable advertising. This could only be preventel if the proposed Institute journal were to refuse all advertising; and such a suggestion would surely not be entertained.

The claim may be made that local journals which have not a large enough earning capacity to make them independent, i. e., financially successful, had bet- suspend publication. Such a claim sounds business-like and appears to rest upon common sense. Yet nearly all our journals are, or originally were, published to advance local interests of the school rather than to make money, and they are doing excellent work for "the cause." To force such journals into actual suspension would be a far greater calamity to the school at large than I am inclined to think the majority of our people realize. In some localities, especially in the West, our journals are a matter of necessity to the school, locally and at large; their disappearance would be a calamity, since the best conducted and most prosperous Institute journal cannot take their place. The profession at large should encourage these small journals, even to subsidizing them; to put additional difficulties in their way would be an act of unpardonable folly.

I presume the great success of the journal of the American Medical Association is in part responsible for the desire to have a similar publication for our own people. It is, however, a fact that the journalists of the old school are not alone in openly expressing regrets at its existence; it has become a veritable storm center, and is one of the most marked elements of discord in the Association.

If we are ready to learn from our old school friend, there are other lessons more profitable and farther reaching in the assurance of benefit to our-

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selves than is the publication of an Institute journal. Among these I may mention a greater measure of loyalty to our profession, more cohesiveness and a heartier co-operation in securing increased advantages to individual journals, colleges of our school; more enthusiasm in standing up for the faith we profess, and chief of all, a determination to protect ourselves by perfecting city and county organizations among the Homœopaths, after the fashion of our old school friends. In the latter respect they have done fine and commendable work, and the American Institute could not possibly do better than follow their example and put into the field a salaried organizer to maintain a similar persistent effort.

No; I for one should keenly regret the establishment of an Institute journal.

H. R. Arndt.

Cannot Vote For Journal.

July 26, 1906.

Editor Medical Century:

Owing to unusual pressure I have not found time to formulate an opinion upon the Institute journal question, but I have been unable to convince myself that the publication of the transactions through an Institute journal would be a good thing. There are many contingencies to contemplate in such a venture, and I fear it would prove an unfortunate experience. It would have to be a new creation in the journal line or have the disadvantage of a divided influence from the start. Of course, every one of our journals now in existence would participate in the desire to be chosen as the favored organ, and the unsuccessful ones would, no doubt, go away with the feeling that they had been deprived of emoluments and the wider field of influence which more properly belonged to them. Of course, it would not do to parcel the Institute matter out among all the journals pro rata. That would simply be "sowing to the winds and reaping the whirlwind."

I do not forget the apparently very successful experience of the American Medical Association in the publication of its journal, but the conditions with us are not identical with those of the A. M. A. I am not editor enough to determine whether we could make a successful journal on the number of subscribers that we could count upon, especially after the antagonisms of such a movement that will certainly follow its inauguration. The A. M. A. journal has had an amount of criticism and opposition that would swamp an ordinary enterprise, and that may yet prove to be its undoing. I cannot, therefore, with the light I have, vote for the Institute journal. I am, however, open to conviction.

Yours fraternally,

O. S. Runnels.

What's the Use.

Philadelphia, August 20, 1906.

Editor Medical Century:

Regarding the proposed Institute journal I feel like saying "Qui bono?" Is there any very urgent demand for it, or any field of usefulness in which it is likely to "fill a long-felt want?" Will it serve any purpose which is not already served as well or better by the periodicals we now have?

We often ask ourselves whether it would not be an advantage to have fewer and better journals. In answering that suggestion we need to go slowly and carefully. It by no means follows that fewer journals necessarily implies better journals. Much of the merit of our periodicals is a direct outcome of the competition among them, and their rivalries to secure the best class of contributions.

It is too much to say that just in proportion to the degree of success and prosperity enjoyed by such a national publication as the one in contemplation, those journals which constitute its competitors will suffer from the opposite conditions. But surely there is a measure in which the proposition will prove true. Subscriptions will decline, good literary material will be scarcer and more difficult to obtain, because the Institute journal must have first choice. and in these respects the best and strongest of our journals will suffer with the others. A few, probably, will be compelled to suspend, and those that remain will be not "better" but worse.

What effect will the journal have on the Institute? We have had no experience by which to judge, but we have heard numerous complaints showing that a good many allopaths are discontented with the policy of the American Medical Association's publication, and just now it is openly charged that that journal forms the centre of a political ring or "machine," which seeks to dictate the policy of the entire organization, even to the annual choice of its officials. To have such a thing happen to the Institute would be to wreck the organization and threaten the hopes of Homœopathy in this country.

Fraternally,

Pemberton Dudley.

Against the Scheme.

To the Medical Century:

Your editor shows the usual presumption of journalists when he writes during a friend's vacation for an interview or an opinion with which he can pad the columns of his publication. Through fear of the results of a refusal and contrary to my rule of not writing opinions for publication, I will simply record my disapproval of the "journal scheme," which is based upon the following statements:

First, We can not afford as a school to come out with a publication which does not in every respect, both scientific, professional and literary, compete with the journal published by the American Medical Association.

This will be most difficult to do by voluntary contributions from our practitioners for the reason that the homœopathic physicians whose experience and ability would make their papers most desirable are so busy meeting the demand of their profession that they can not be relied upon to furnish material per contract.

We fear that their efforts are exhausted by meeting the personal appeals of the editors of the jour-

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nals now in existence, who cover the locality in which they reside or which is occupied by the colleges in which they hold professorships.

Second, Journal subscribers would not be satisfied unless *one-halfof* the journal was filled with original matter bearing the date of publication.

Third, Members of the Institute would not be satisfied with the proceedings doled to them by piece-meal, nor without the statistical and directory sections given in useful shape. In other words, bound volumes would not fill the place of our transactions, even though they continue to be as faulty as they have been for the last two or three years.

Fourth, The Institute could not consistently allow in a journal bearing its name advertisements of proprietary medicines, specific remedies, nor of mineral waters which profess to be panaceas, nor of private institutions whose methods could not be investigated, and who are not required to make reports to any committee appointed by itself.

No statement which might be made as to responsibility for advertisements could relieve the journal of the opprobrium which would follow the default in promise on the part of advertisers, or the criticism of the apparent endorsers of the medicines and remedies referred to.

Hoping that the Institute may be guided in its final decision of this question to the course that will work out the greatest good, and being assured of my support of a journal if a majority of the members present at Atlantic City deem such publication wise, I am,

Yours sincerely,

J. B. Gregg Custis.

BOOK REVIEWS.

Carr's Pediatrics.

The Practice of Pædiatrics by Eminent Authorities. Edited by Walter Lester Carr, M. D., Consulting Physician to the French Hospital; Visiting Physician to the Infants' and Children's Hospital, New York. In one very handsome octavo volume of 1,014 pages with 199 engravings and 32 full page plates in colors and monochrome. Cloth, $6.00, net; leather, $7.00, net; half morocco, $8.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

This is one of a series of three companion volumes dealing respectively with Gynæcology, Obstetrics and Pædiatrics, and jointly, covering this whole domain in the light of the world's latest and best knowledge. The volume on Gynæcology was published in May.

The volume on Pædiatrics, now in the reader's hands, is from the pens of well known authorities in America and England, who have been selected as peculiarly well fitted to write on the subject assigned to them. The authors have kept in mind first, the clinical picture of each disease, and second, the best methods for its treatment. This plan has allowed each contributor to give his own observations and the therapeutic measures which have produced the most satisfactory results. Naturally this adds to each contribution a personal element which is entitled to consideration, as the authors are, without exception, clinicians and teachers of wide experience.

In the arrangement of the volume more space than usual has been allotted to infant feeding, diseases of the ailmentary tract, disorders of nutrition, respiration and circulation, and to contagious diseases, the object being to describe the conditions most intimately associated with disease in children and not those which are more common in adult life and found but rarely in childhood. In some sections extra space has been given to methods of diagnosis which are now regarded as essential by physicians who wish to be exact in their work, but the details of which are not readily accessible elsewhere. On the other hand, mooted pathological questions have been omitted, and the pathology stated by each author is limited to what is regarded as essential for a comprehensive knowledge of the disease with which it is associated.

Under the able editorship of Dr. Carr this great fund of information has been arranged most conveniently for reference and study; over-lapping and repetition, so frequently found in composite books, has been avoided, and the volume furnishes a veritable encyclopædia of our present day knowledge in diseases of children, charmingly written and rich with the finest examples of the illustrator's art.

It is manifestly to the advantage of every physician to have this entire series of three volumes at hand, but the publishers, having in mind the convenience of those who are interested in one or two individual departments, have issued each volume as a separate book, complete in itself, and either volume of the series may be purchased separately.

The completing volume of this series (Peterson's Obstetrics) will be published in August.

OBITUARY.

Dr. George W. Jones.

Son of Dr. Gaius J. Jones, died in Cleveland last month. The doctor was one of the most promising of the younger physicians of Cleveland. He had been ill for about three months, and died from the immediate result of an operation for gall stone complication.

The Marlborough-Blenheim Hotel.

The Marlborough-Blenheim Hotel will be practically the headquarters of the Institute and Congress at Atlantic City. It is there the officers, at least most of them, will stop, and it will be the usual gathering place. Its lobbies are magnificently spacious, it is but a few blocks to the pier, and it is the largest and most attractive hostelry in Atlantic City. There is plenty of room in this hotel for the major part of the membership, and it is here that most of the committees will meet.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
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Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

SEPTEMBER 1, 1906.

Editorial.

THE INSTITUTE JOURNAL.

The Medical Century has had occasion to state many times, that it was the organ of no pharmacy, publishing house, college, hospital, society, dispensary, sanatorium or club; that it had no restricting influences; that it strove to be the great journal of the homœopathic school, endeavoring to conserve the interests of the whole school rather than those of a part to the exclusion of the rest; that its circulation extended from Point Barrow to Porto Rico, and from the Passamaquoddy to the Philippines in the United States; that it had a considerable foreign circulation, and hence was in no wise a local publication.

For some time we have hesitated about opposing the proposed Institute journal lest it be said of us that we are actuated by selfish motives, seeing in it a dangerous business rival, something that would lessen our subscription and advertising receipts, etc. At the onset, we will say that this is not our reason for opposing the proposed journal scheme. We have never opposed the starting of college, society, pharmacy or other local journals, and many of these have started since the Medical Century began life, so why should we oppose the starting of another periodical, even though more pretentious than the others, that is to serve only a part, and that part not a large one, probably not over 20 per cent. of the entire homœopathic profession. We purpose to oppose this proposed publication on the ground that it will be harmful to Homœopathy, cause dissension in our ranks, invest with official sponsorship that which should not be so invested, that it will benefit a favored few instead of the profession at large, and that there is no reason or precedent for the issuing of such a periodical other than the existence of the journal of the American Medical Association, and that the proposed Institute journal, with no larger percentage of support among the homœopathic profession than the journal of the American Medical Association has among the total number of doctors of the country, could not live.

We have recently received the report of the committee, or rather the majority report, 4 out of 7, appointed and instructed to investigate and report its deliberations on the question of the establishment of a journal to take the place of the transactions as now published in book form.

This document consists of a report, an estimate and a recommendation, and with all due respect to the committee we cannot regard the same as being of much value. In the first place it contemplates what the Institute had no idea of doing when the committee was appointed, namely, establishing a regular periodical instead of simply publishing the transactions in journal form. In nearly all of the discussions upon this subject that have been held on the Institute floor and elsewhere the question of "publishing the transactions in journal form" is the way it has appeared; yet the committee brings in a report to start a general periodical, which means, probably, that it is not to publish the transactions at all, or at least not *all* the papers, thus favoring a few. It may be urged, of course, that some are not worthy of printing, but who is to decide this? Every editor of experience knows that what he may decide as worthless may appeal to some one sufficiently to bring commendatory letters on it. We could cite several instances of this in our experience.

Let us look at this remarkable report of the four sustaining members in detail. The first item is:

"That the Institute can secure a competent editor-in-chief for $2,500 per annum.

Of course it *can*, but why pay $2,500 a year for that which can be gotten for $500. The former salary of the secretary was $500, and he had no one to assist him, yet he published, year after year, the transactions of some 800 to 1,200 pages, read the proof, and saw it through the press. It would be as easy to do it in monthly instalments as yearly, especially when he has the small army to help him that another section of the report provides for.

Competent editors-in-chief can be had in plenty for $500 per year; the honor of being editor is worth something, besides it need not take so much of his time, as he is to have five assistants and a paid "publisher." The minutes of the business session will be furnished him by the secretary. It looks as if he would have some difficulty in earning even the $500 salary.

While a competent editor-in-chief can be gotten, as the report says, for $2,500, who is to decide his competency? To whom is he responsible? Is he to be clothed with powers to shape the course of the journal, to direct its business policies, to choose or

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reject its advertising contracts, to set the seal of the Institute endorsement upon this or that proprietary remedy, this or that college, this or that sanatorium, and to reject them if his august pleasure so determines? Is there to be an editorial board set over him of five or seven men with five or seven different sets of opinions? If so, then indeed he will earn his $2,500. This would seem to be a wise plan, for surely the American Institute of Homœopathy would not want its sponsorship of all questions placed in the hands of a single editor, no matter how competent, no matter what his salary. More especially is this true since the Institute is not an incorporated body and individual responsibility for libel suits obtains.

The second item of the report reads:

"That five well known members of the Institute have offered to act as department editors for two years free of charge." The fact of these five members being "well known" does not ensure their competency to edit a department in the periodical. This seems to us to be an idea that approaches the ridiculous. Let us presume that these five departments are materia medica, practice, surgery, obstetrics and ophthalmology and otology.

Is the surgical department editor to edit the papers of the Surgical and Gynæcological Society for two years, no matter who the president and secretary of that society is? Is the O., O. and L. editor to have anything to do, since the O., O. and L. Society is not of the Institute, and what would the latter society think of his competency?

Would the materia medica man if he were connected with a college be looked upon with favor, as occupying this high position, by his neighboring competitive college faculties. It would be an advertisement for his college that others would be jealous of. Furthermore, how would these five department editors, who work free for two years (and who would tire out in one), stand in their relations with the competent editor-in-chief? We fear it would be what Stephen Blackpool denominated "a muddle." It certainly would not tend to unite the profession and make the non-members of the Institute seek to join the organization to get the journal. The next item reads:

"That the 'minutes of the business session' and the 'Report of the Committee of the Organization, Registration and Statistics' could be issued as a supplemental number."

Not and go as second class matter according to United States Post Office rules. It would have to be sent separately. This is the valuable part of the Institute transactions, the part most often consulted, and, in fact, the only part that strictly belongs to the Institute as a body. The papers presented have always been and always will be published in such journals as the fancies of the writers may select; they thus get an audience of readers far beyond the two or three thousand who compose its membership; and no editorial board or competent editor-in-chief with his five department editors can prevent other journals from publishing papers presented at the meeting and from rendering such stale and back numbery when they appear in the official organ. In fact, in this respect, a little hustling on the part of the extra-Institute journal could make each number appear rather ancient as to its articles.

Between two and three hundred pages of the Institute transactions are taken up with the business reports and the Committee of the Organization, Registration and Statistics. Add to this the business sessions of the affiliated societies and the full reports of committees, like Intercollegiate, Interstate and Drug Proving, and we have a volume of four or five hundred pages already, the cost of which would be considerable.

The second part of the document consists of the estimated receipts and expenditures, which are as follows:

"Estimated receipts:

"From dues	$4,875	
"(See printing and delivering transactions, 1904)		$3 875
"(See secretary's salary)		1,000
		$4,875
"From advertisers		2 000
"From 500 new subscribers (members)		2.000
""Total		$8,875

"Estimated expenses:

"Salaries of editor and publisher..	$5,000	
"Printing and mailing journal....	3,000	
"Total	$8,000"	

We do not know the business mind that estimates receipts by the amount *paid out* some other year. Why should the receipts from dues be $4,875? There are certainly more than 975 members who pay dues, and certainly the treasurer's report each year shows more than enough receipts from dues to pay the printing, the delivering the transactions and the secretary's salary. There is always a balance to the good, but we presume the majority committee did not deem it necessary to show that the Institute as at present financed was prosperous, lest someone suggest the wisdom of leaving well enough alone.

Two thousand dollars is estimated as receipts from advertisers, which is not probably an excessive amount, but the "publisher" who is to have a salary of $2,500 will have to hustle some to get $2,000 worth of advertising. The third item is "from 500 new subscribers (members), $2,000." Does this mean that members are to pay $4.00 for the journal, or does it mean that 500 new subscribers are expected to be added each year? Five hundred who are so eager to get the new journal that they will come in each year just because of it. We fancy the committee

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on new members after its experience in Chicago, a centre peopled with more non-Institute Homœopaths than any other in the United States, will disagree with this estimate, especially when after their thorough organization and efforts only some 350 were added. Possibly this means that a physician becomes a member on subscribing for the journal; even so, it will take some personal work to add 500 new subscribers annually. Certainly the income from all sources presented by this report is a modest one—$8,875.

In the estimated expenses the first item is "salareies of editor and publisher, $5,000." The "publisher" (possibly business manager is meant) is to have $2,500.

Does the competent editor-in-chief select his own publisher; if so, it might well become a family affair. If the editor does not select the publisher might there not be another "muddle?" What is the function of the publisher? To secure advertising, to attend to advertising forms, to keep the accounts, turn the receipts over to the treasurer of the Institute, pay bills by order on him (or possibly the treasurer will be a useless incumbrance), and report to whom? Is he to assume the responsibility of selecting advertisements, sanatoria, colleges, foods, antitoxins, etc., of which the Institute is to become the official sponsers? Is there a man in the profession that the Institute is willing to trust this to? We very much doubt it.

The last item in the estimated expense is the "printing and mailing journal," $3,000. This is certainly a modest estimate. There are some 1,200 pages in the transactions, the material will naturally grow; to print these and the other materials that come to a general journal, each month, would necessitate, together with advertising pages, some 125 to 150 pages—3,000 of each issue twelve times a year can possibly be printed and mailed for $3,000, but we would like to know the name and address of the printer. Then, too, where is the home office of this journal to be? The only place that seems feasible is Washington; if there would the competent editor-in-chief and the "publisher" be required to move to that city, or would the journal have to be published in a city where the editor and publisher could be found ready competentized? These are all questions that will have to be decided, and we could, as one who has had to do with the making of journals for some twenty years, doubtless suggest many more. What of the illustrating? What of reprints? Is the Institute journal to issue reprints for the writers of papers which these writers are to use for furthering their own private interests, to distribute free among their clients and friends and set the seals of officialism thereon? But it will be said there are mere details that will be worked out later. True, but before we start an Institute journal let us consider all these points. We had an Institute journal once, edited by no less a man than the late beloved Henry M. Smith. It lasted, we believe, two numbers, and suspended publication.

The last part of the report consists of "recommendations" in which the four members believe the journal could be self-supporting, that it would increase our membership and advance the cause of Homœopathy, that it could be turned to good by issuing advanced reports of committees, State society meetings, boards of health, legislatures and colleges, and recommend that it be established, and that its first number be published January 1, 1907.

The chief contention here seems to be that it would increase our membership. We do not believe that it would add a single member. We do not believe that a single member has been added to the American Medical Society because of its journal, and the fact that this Association has grown since its journal was established proves nothing. It is everywhere recognized (except possibly by those who run the journal) that the great increase in membership is due to the careful organization of forces, to the appointing of councils and subcouncils in every district, hamlet and dale of every State in the Union to get into *personal* touch with the physician and urge upon him to join the A. M. A. Who of us has not received invitation to join them by renouncing our doctrines? Did they get us by a journal? Did those that joined join because they were to get a journal? We doubt it.

An Institute journal to advance the cause of Homœopathy, secure new members, should have its main circulation among those who are *not* members of the organization, for here is the field from which to draw and not among those already in.

At present the advance reports of our committees, meetings of State societies, boards of health, legislatures and colleges are heralded abroad by all of our general and local periodicals; a wider field is thus reached than can be reached by any one periodical, and if there is any contraction of this field it is due to the inefficiency of the secretaries of these bodies, for if furnished our journals they are invariably published.

In this connection we received not long ago a letter from one of the enthusiastic workers for the journal scheme in which about the only argument was that we must have a journal because the American Medical Association had theirs. This argument may take with those who are ready to be swallowed and amalgamated, but for us it would be an additional argument for a continuation of the dignified volume of the transactions already bound ready for the shelf without the bother of hunting for lost copies at the end of the year and the expense of binding. The present plan provides for us a handy volume for ready reference, and a new member of the Institute will be as eager to possess it as he would be to get a periodical made up of articles that have either appeared in other periodicals, or that he has heard read at the meeting.

The American Medical Association has 125,000 physicians to draw from, not 30 per cent. of which are reached by its periodical.

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The American Institute of Homœopathy has 15,000 physicians to draw from, of which some 2,000 are members, and how a periodical circulating among these alone can increase the membership or advance the cause of Homœopathy we fail to see.

Finally, why start it January 1, 1907? Do not the transactions of this year belong to the International Homœopathic Congress rather than the Institute? Certainly under the circumstances it would seem wise to defer the project, not necessarily until Cæsar's wife has better dreams, but until a committee be found that is more united in its opinions than the present one, which stood three to four against the scheme.

[NOTE.—After the foregoing was in type we find the program of the Institute gives five members of the committee as favoring. The original report as furnished us gives but four.—ED.]

A BUSINESS AGENT.

The question of the hour, at least the most important question for the American Institute of Homœopathy, is how to increase its membership, how to bring into its fold the 85 per cent. of the physicians of the homœopathic school in the United States who do not belong to that organization. Isn't 85 per cent., some may ask, rather overstating the matter? Do not more than 15 per cent. of the homœopathic physicians of the country belong to the Institute? Let us see. Let us take our States having the greatest number of homœopathic physicians in them in order.

	Total Number	Institute Members	State Society Members	Percentage of Institute Members	Percentage of State Society Members
Illinois	1350	262	500	19	37
New York	1300	361	490	27	37
Pennsylvania	1100	242	315	22	28
Ohio	925	164	250	17	27
Massachusetts	727	279	342	38	45
Michigan	465	78	145	16	31
California	425	98	170	23	40
Iowa	375	88	140	23	37
New Jersey	363	89	205	24	56
Missouri	328	46	150	14	45
Nebraska	260	23	50	9	19
Wisconsin	225	39	135	17	60
Kentucky	160	17	100	10	62

It will be seen at a glance almost that in these States the average Institute membership is about 20 per cent., and the average membership in State societies is in the neighborhood of 40 per cent. The banner Institute State is Massachusetts; the banner State society State, and these figures were taken from the transactions of 1905, is Kentucky. Perhaps the State which shows up the worst is the one having the most homœopathic physicians, namely, Illinois. When we think of the fine organization of the forces in that State to secure new members prior to the last meeting, of the amount of printed circulars distributed with a net result all told of some 19 per cent. of her physicians being Institute members, we are led to ask if the methods pursued by the Committee on New Members are the most effective that could be employed.

It does not seem that States which have official organs to boost their societies as Illinois and Nebraska have much to brag about. Other States not having them, like New Jersey, Kentucky, Massachusetts and others, have double the percentage of membership. In Michigan the official organ failed, and was killed by vote of the society after a trial of several years.

The States heretofore given represent the States which are the most populous in homœopathic physicians, and as has been shown about 20 per cent. are Institute members. This is the best showing, but what of other States. Several have no Institute members whatever, several have percentages under ten, and, therefore, we reiterate our first statement that not more than 15 per cent. of the homœopathic physicians of the country belong to the American Institute of Homœopathy.

The Committee on New Members hampered as they were by what we have always considered an unwise regulation, the obligatory State membership as a prerequisite, did their "demdest" for the Chicago meeting, and in a centre radiating 500 miles from Chicago, containing about 3,600 non-Institute members, only succeeded in adding 350, and this with the help of the entire United States, and it was the best committee on new members we ever had. It may be set down as a failure, and we have stated that we believe the proposed Institute journal would be a failure. We believe the Institute needs more than it does a journal, or a committee on new members, a business agent, one whose time can be given up almost exclusively to the furthering the interests of the Institute, a sort of travelling representative, who, during each year, would visit as many different societies, State, district and local, as was possible, to talk not only Institute but Homœopathy, and the necessity of homœopathic allegiance and organization; to advocate and assist officially in the starting of societies and clubs all over the country; to find out the reason why 85 per cent. of the physicians of the country are withholding their membership from the Institute. We are stating no idle dream, for in our work for the up-building of the Medical Century we have followed the plan to get into personal touch with physicians all over the country, and to that end we are a constant visitor at medical societies, both in and out of our bailiwick, as Brothers Walton and Sawyer can testify, for they watch us very closely. In our perigrinations we have run across much disaffectation for the Institute, we have met more non-members than members, and we have heard many reasons. There should, it seems, to us, be some one who is officially qualified to get into personal touch with *all* the physicians of our school, to keep tab on them by means of a card system, and be able to answer any question that may be asked as to whether a given physician is affiliated with any so-

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cieties. If so, what? If he is giving our institutions his support. If not, why not. The result of this could all be kept in the archives of the secretary's office, who could then furnish instantly the standing of any physician of the school, his affiliations and reasons for not being affiliated, etc. There is nothing inquisitorial in all this, and we believe that more than 350 members could be added each year by some such means. Many of the large universities employ paid representatives to get out to small colleges and high schools to hustle for students, and we believe it would not detract from the dignity of the American Institute of Homœopathy to employ a commercial agent, or as brother Arndt so aptly terms it, "a salaried organizer."

Fifteen hundred dollars a year spent in this way would show results not equalled in any other way. A good energetic representative that can spend his time freely with the co-operation of an executive committee of the same metal can increase the Institute membership in three years from fifteen to fifty per cent.

EDITORIAL BREVITIES.

Our International Homœopathic Congress Number.

We present in this issue a number of letters or reports from some foreign countries written especially for the Century at our request. They are not as extensive as we could have wished, several having ignored our request, others promised papers which did not arrive in time for the issue, and still others sent too long papers for publication. However, such as we present will be found of great interest in giving an idea of the extensive popularity of Homœopathy in many parts of the world. A few pictures of foreign institutions are also presented. Perhaps the report deserving special mention is the brief one from the celebrated criminologist, Professor Cæsar Lombroso, of the University of Turin, Italy, author of the Male Offender, the Female Offender, The Man of Genius, etc. It is gratifying to note that Professor Lombroso practices Homœopathy in his clinic on mental diseases at the university.

Congress and Institute Notes.

Young's Pier will be the headquarters for meetings and exhibits.

The railroads have granted the one and one-third fare certificate plan, and don't forget to get certificates when ticket is bought.

The public reception and hop Monday evening will be on Young's Pier.

The local committee's banquet will be held Friday evening.

The bureau of information, registration, credentials, railway tickets, telegraph and telephone offices are on Young's Pier.

You have to pass through the exhibitor's room to get to the places of meeting.

A photograph of the Congress and Institute will be taken on the pier at 1 P. M., Thursday. All should be there.

The educational exhibit of Homœopathy should be visited by all.

The Senate of Seniors holds its first meeting Tuesday, the 11th at high noon at the Marlborough-Blenheim.

The Intercollegiate Committee holds its first session Tuesday the 11th at 8:30 A. M., at the Hotel Chalfonte, Parlor B.

The best way to get from New York City is by Penn. or Central of N. J., from West 23d Street ferry.

The Meissen headquarters are at the Marlborough-Blenheim.

The Institute convenes Monday at 2:30 P. M. The Congress at 5 P. M., while the opening exercises of both take place at 8 P. M.

The election of officers will be held Wednesday from 10 to 12. All should be present to vote.

The Sections of Homœopathy and Materia Medica are full of interesting papers, and should be largely attended.

The Surgical and Gynæcological Society first meets Tuesday evening. 8 to 10:30 P. M.

The O., O. and L. Society holds all its meetings in the Hotel Dennis.

A special session on Neurology and Psychiatry will be held Wednesday at 8 P. M., in Section Room B.

The American Association of Orificial Surgeons will meet in Galen Hall September 10th at 10:30 A. M.

Memorial exercises will be held Monday, immediately following the report of the necrologist.

Chicago-Atlantic City Special Train.

The Institute special train of the Pennsylvania Railroad from Chicago to Atlantic City this year will eclipse anything ever attempted in this way. The direct route without change, the fast special train, the superb equipment of Pullmans and diner, the fine scenery, are the attractions. All this, besides making the trip in a congenial crowd, makes the trip doubly enjoyable.

The reservations already are larger than ever before out of Chicago, which includes the adjacent and western territory.

Go with the crowd.

Editor's Table.

GENERAL NOTES.

Dr. May E. Cravath, of Atlanta, Ga., and Mr. Edward R. Wharton were married on August 7th. Dr. Cravath was a graduate of the homœopathic department of the University of Michigan.

Dr. William Olin Forbes has removed to No. 102 Exchange street, Hot Springs, Ark.

The Philadelphia Record of June 11th gave a

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two and a half column notice of the Institute and Congress meeting to be held on the 15th of this month.

Dr. Arthur Selwyn Moore, of Bay City, Mich., married on August 1st Miss Martha M. S. Cartney of that city. Congratulations!

Dr. John E. Wilson, after his return on September 17th, will occupy his new offices in the Sydenham building, 616 Madison avenue, corner 58th street, where he will continue to devote himself to nervous and mental diseases exclusively.

It has been deemed wisest not to attempt to hold a meeting of the "Missouri Valley Homœopathic Medical Association" in the West this fall, as it would follow the Institute and Congress meeting too closely. It is quite likely that a sufficient number of the members will be in Atlantic City, and perhaps an informal meeting for business purposes may be held. Dr. Louis P. Crutcher, of Kansas City, is president.

The meeting of the International Hahenmannian Association will be held at Hotel Helmhurst, Atlantic City, September 6th, 7th and 8th. There is good work for the members of this Association to do in the Institute.

The Pennsylvania State Society meets in Philadelphia at Hahnemann Medical College September 6th, 7th and 8th. A fine program is out.

The University Homœopathic Observer of Michigan, devotes its July issue to tuberculosis, reproducing the lectures given on that subject by the faculty at the practitioners' course. It is a valuable number.

The special train under the auspices of the Medical Century leaves Chicago over the Pennsylvania at 3 P. M. Saturday, September 8th, and will reach Atlantic City early the following afternoon in time for dinner. Pullman's best sleepers and dining car service. It can be joined all along the route. By having your ticket and certificate read via Washington you can go or come that way or not as you please. It will be honored by direct route, and you can have stopover privilege returning. Round trip from Chicago to Atlantic City, $26.00.

The Interstate Committee of the Institute has issued a circular calling for State reports, etc. Among other things it calls for "peculiarities in the laws of the State which further or hinder the advancement of Homœopathy." This certainly should make plenty of material.

The Ohio Sanatorium Company is to have an exhibit on Young's Pier at Atlantic City, which everyone interested in homœopathic institutions should visit.

Work has been commenced on the Hahnemann Hospital in San Francisco, and in sixty to ninetly days the institution will be as good as new.

We learn that a choice number of the close friends of Dr. H. F. Biggar, of Cleveland, Ohio, intend to give that illustrious and genial gentleman a larger cup to drink out of sometime during the Institute meeting. It is certainly a well deserved compliment, and doubtless the occasion will be a most happy one.

The Michigan Central Road has made use of Dr. Emmet L. Smith's article on Hay Fever, in a folder issued by that road, calling attention to the immune hay fever region on that road. It is a thoroughly interesting folder. Dr. Perry Dickie, of our school, is also quoted.

The Homœopathc Hospital at St. Petersburg, pictured in this issue, is commemoratory of Emperor Alexander II. In it were treated gratuitously wounded soldiers in the Russo-Japanese War.

The Kentucky Hotel on Ocean and Kentucky avenues, Atlantic City, can accommodate at very reasonable rates a few physicians and their families during the Congress, September 10th to 15th. It is but a step to Young's Pier, where the meetings are held, and is one of the good hotels of that famous resort. Bear in mind the Kentucky for good comfortable quarters and your money's worth every time.

Several letters appear in this issue under correspondence touching on the Institute journal question from prominent and conservative members of the Institute; all seem to think it would be a disastrous venture, not so much financially, as in the way of causing dissensions in our ranks. Dr. Arndt, to our mind, has the most practical suggestion of all, namely, a salaried organizer. If such a one did not make good he could be replaced.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. A. C. Cowperthwaite announces that in the future he will devote his entire time to office practice and consultation, giving up all of his general practice.

Dr. R. N. Foster has been out of the city part of the past month enjoying a well-earned rest. He spent his vacation in Michigan.

Dr. Espey L. Smith and family spent August in Canada. His practice was taken care of by Dr. A. H. Waterman, who enters the Metropolitan Hospital of New York as interne in December.

Dr. May Leonard has returned from Brennen, Texas, where she took charge of the practice of Dr. Shedd during the latter's illness, and is again located at 66 Bryant avenue.

Dr. Edgar J. George spent Saturdays, Sundays and Mondays during August with his parents at Fairfield, Iowa.

Dr. W. H. Conner, of Fairfield, Iowa, visited his Chicago friends for a few days in August.

Dr. A. O. Davis, of Charleroi, Pa., is in Chicago taking special work at the Illinois College of Electro-Therapeutics. He has also been studying the diseases of the eye, ear, nose and throat in the clinics at Hahnemann.

Dr. W. E. Boynton is the "father" of a new idea in college. He has prepared a plan for a co-operative college, with a central school here in Chicago and branches in other cities. Several very prominent men have associated themselves with him, and his school promises to be soon in a flourishing condition. Allstockholders are entitled to attend the schools, where thorough courses in the sciences,

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manual training, languages and in all lines will be given.

Dr. C. E. Fawcett, who recently completed his service as interne at the Chicago Homœopathic Hospital, was married August 22d, and after a month's honeymoon spent in Indiana will locate at Johnstown, Mont. We know the doctor as a very capable young man, and we wish for him all that is good, and predict that he will be very successful in his new location.

Chicago's board of health's statistics show that this has been an unusually healthy summer, and the physicians here can all testify to an unusually dull summer.

Miss Cunningham, who is superintendent at the Chicago Homœopathic Hospital, spent the month of August at her home in Manchester, Iowa. During her absence Miss Maley acted as superintendent.

Dr. A. R. Donald was away part of August enjoying a well-earned vacation.

Dr. C. F. Barker has recently removed his office and residence to 3942 Ellis avenue, this city.

Dr. Burton Haseltine has again been quite ill, and was at Mudlavia for treatment. He was under the care of Dr. F. J. Walter, who formerly practiced in this city, but who is now medical director of the Mudlavia sanatorium at Kramer, Ind.

Dr. and Mrs. J. P. Lewis, who have been visiting in this city for several weeks, have returned to their home in San Diego, California.

Dr. Williams, who has been the Methodist minister at Clyde, Ill., while attending Hahnemann, has decided to locate at Musgegon, Mich., taking the practice of Dr. J. O. Bates. He will devote his attention to the diseases of the eye, ear, nose and throat.

Dr. J. Richey Horner, of Cleveland, recently visited for a few hours in Chicago.

Dr. A. Hartman, of South Chicago, was recently married to Miss Flora May Ball, of Grand Haven, Mich. They have taken up their residence at 9000 Exchange avenue.

Dr. H. L. Simmons left the later part of August for London. He will combine business with pleasure, as he will visit a hospital in that city in which he is financially interested. During his absence his practice will be taken care of by Dr. Tilden.

Dr. G. F. Shears is expected home soon from his European trip.

The Hahnemann hospital home for nurses has been entirely remodeled this summer, and has been made much more pleasant and convenient. During the alterations the nurses lived in the college and vacant rooms in the hospital. They had jolly good times in their new quarters, but were all glad to return to their "new old home."

Hering Medical College announces that in the future both day and night courses will be given. This will fill a long-felt want, as never before has the young man, who wished to study Homœopathy, been able to attend college and work at the same time. The old school have had their night courses and they have been a success, and we predict that Hering's new venture will also be successful and will give many a worthy young man and woman a chance to learn pure Homœopathy.

Dr. C. V. Podstata, who was so successful as superintendent at Dunning, Chicago's home for insane and incurables, has been appointed as superintendent of the insane hospital at Elgin, taking the place made vacant by the resignation of Dr. Frank Whitman, who has returned to Belvidere, Ill. Dr. Podstata is a graduate from the Chicago Homœopathic Medical College, but was recommended by both Homœopaths and allopaths to his present position.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Carl A. Feige, Hahnemann, Chicago, '06, has received the appointment of interne at the Minneapolis City Hospital.

Dr. Paul A. Higbee, who, not long since, underwent a serious operation, has again been under the knife, this time of Dr. W. B. Van Lennep, of Philadelphia, and is, we are very glad to report, doing finely.

Dr. T. H. Whitney, formerly of La Crescent, Minn., has removed to Sherry, Wood county, Wisconsin.

Dr. J. D. Waller, Maple Plain, Minn., was recently in Minneapolis for slight surgical treatment.

Dr. Arthur T. Caine took a flying trip to the Pacific Coast early in July.

Dr. and Mrs. Chas H. Neill, of Minneapolis, enjoyed an outing on Mille Lac Lake during late August and early September.

Dr. and Mrs. Henry C. Aldrich will attend the International Congress at Atlantic City, and later Dr. Aldrich will visit the surgical hospitals of New York, Philadelphia and Baltimore before returning to Minneapolis.

Dr. J. Howard Smith, of Huron, S. D., was in attendance on the National G. A. R. Encampment at Minneapolis, August 13th to 18th.

Dr. J. A. Cowper, of Blue Earth, Minn., died August 20th, of apoplexy, aged 49. Dr. Cowper was a graduate of Hahnemann, Philadelphia, in 1881: had practiced in Blue Earth for twenty-four years, and had amassed a competency, having been very successful in his practice. Dr. Cowper was a classmate of Drs. T. C. Bowman, Duluth, and Henry C. Aldrich, Minneapolis.

On August 13th to 18th there occurred the National Encampment of the G. A. R. at Minneapolis; on August 15th was the parade of the grizzled veterans, and it was an inspiring sight to see the old boys in blue keep step to the strains of the war time tunes.

An effective medical service was conducted by the local physicians of both schools, ably assisted by a Red Cross corps made up largely of sons of veterans, and automobiles used as ambulances lessened the work by hurrying all cases promptly to visit rooms and hospitals. One thing which materially lessened the number of cases of exhaustion was the serving of coffee and sandwiches just before the parade started, and the presence of numerous ice water boys all along the line of march.

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Sanitary Science.

THE SANITATION OF SAN FRANCISCO AFTER THE FIRE.

BY JAMES W. WARD, M. D.,

President Board of Health, City and County of San Francisco, California.

It was on the evening of the 20th of April, 1906, while yet the demon of fire had consumed a large part of the city and was threatening the devastation of it all, that the vastness of the sanitary problem came upon me with its full significance. Within the next twenty-four hours there were over 300,000 people, who formerly enjoyed the comforts of home from the tenement house to the palace, alike thrown out upon the hill sides and covering the various squares within the confines of my city.

There were four great factors in this calamity, the earthquake, the loss of the head of the fire department, the fire covering 498 blocks of the heart of the city, and, finally, the destruction of the water mains. The shock of the morning of the 18th, the hardships during the fire period, the common sorrow felt at the extensive loss of values and homes the universal confusion pertaining to the hygiene of living, all materially added to the general insanitary conditions prevailing, and opened up possibilities for the most serious sanitary problem of the age. It was impossible during the first day of the fire to get the commissioners together, even for hasty conference. My hours had been so full from 6 o'clock on the morning of the 18th with the sick and injured in the improvised and other hospitals of the city, added to which were the difficulties in transportation, that I was obliged to act alone and independent of my fellow commissioners.

I saw clearly that not only should system proceed, but the exactions of discipline should prevail in order to effect release from so chaotic a state as threatened San Francisco. The military was a necessary factor. I thought it best at this juncture to seek the support of Colonel George H. Torney, of the United States Army, the head of the medical department of the Presidio of San Francisco. My half hour conference with him ended in his most earnest co-operation to the support of every measure and every aid that I desired for the fulfilment of my plans.

Accordingly on the evening of the 20th the following orders were issued:

Headquarters Pacific Division,
San Francisco, Cal.,
April 20, 1906.

General Orders, No. 37.

1. Lieut. Col. George H. Torney, Medical Department, U. S. Army, is hereby placed in charge of the sanitary arrangements for the City of San Francisco. All his orders must be strictly obeyed by all parties whomsoever.

By command of Brigadier General Funston.

(Signed) S. W. Dunning,
Military Secretary.

Dr. James W. Ward, President of the Health Commission of the City and County of San Francisco, under the provisions of this order, is hereby given full power to control the sanitary measures in his department, and his orders will be strictly obeyed by all persons.

Col. George H. Torney,
Lieut. Col. Deputy Surgeon General, U. S. Army,
in charge of sanitation, San Francisco, Cal.

Pursuant to the above order ——— is hereby empowered to make a house to house inspection of unburned districts, to dispose of garbage, to manage and control men in the inspection, management and control of contagious disease, to deliver supplies for sanitation purposes, and to issue and endorse all necessary orders to carry on this work.

Dr. James W. Ward,
President of the Health Commission for the City and County of San Francisco.

The above order is unique in the history of the United States Army. I am informed that it is the first time in the history of the military affairs of the United States whereupon a medical officer was conferred so great a power "that all his orders must be strictly obeyed by all parties whomsoever." It is further interesting as being the first time wherein a civilian surgeon was conveyed the unlimited power in sanitary matters, "that all his orders must be strictly obeyed by all persons."

All this, however, is of small significance except as it prearranged for definite organization and the working out of a system that made possible the accomplishment of the necessary issues. It became possible through these military orders to give power to others in order that such of the military as became necessary to use as guards could be diverted where it seemed essential to enforce sanitary measures. Too much credit cannot be given General Funston during the first six days following April 18th, and to Col. G. H. Torney, the medical repre-

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sentative of the Presidio of San Francisco, for their unstinted aid in assisting the early organization of the work of sanitation.

It may be at this point proper to mention that at no time was San Francisco under martial law. General Funston on the day of the earthquake, comprehending the full scope of the disaster, tendered his services to the mayor and that of the army under him for any and all service that might be required thereafter. Mayor Eugene E. Schmitz, than whom there is no better citizen or Homœopath, accepted the good offices of the War Department. The military was placed under the dictum of the mayor, who took up his offices at Fort Mason, side by side with General Funston. It became necessary in order to avoid municipal confusion and the prevention of unlawful action that strict military regime should exist. All restrictions as to liberty, all measures as to policing the city were dictated by the mayor and carried out through the military and marines. Six days following the 18th of April, Major General A. W. Greeley superceded in command Gen. Funston, who continued, however, the same orders. Gen. Greeley aided from that time on until the 1st day of July, modifying, in accordance with the mayor's wishes, the restrictions and gradually relaxing the military control here and there until civil government was again resumed in its normal trend.

The sanitary commission which I organized consisted of the health commission of the city and county of San Francisco, the president and secretary of the State board of health and representatives of the United States public health and marine hospital service. Col. Torney very kindly presided over the newly formed sanitary commission once a day that I might give to him the details of the work accomplished and the various steps in sub-organization. This continued from the 20th of April until the 14th of May, 1906. After this date Lieut. Col. Torney and President of the State Board of Health, Dr. Martin Regensburger, retired, together with Drs. Blue and Oakley of the United States public health and marine hospital service. The skilled counsel of these gentlemen will ever remain in my memory as distinctive and generous. From that time on the health commission of the city and county of San Francisco assumed its normal relation to the city sanitary matters.

The first step in meeting the requirements of insanitation was to district the city into three parts, placing a skilled sanitarian in each of these divisions. These gentlemen subdistricted the city, and within four days the city was patrolled from the bay to the ocean, and from the Golden Gate to the southern boundary line, by 350 medical inspectors voluntarily giving of their time and knowledge for public good. This, I believe, to be the largest number of medical men who have ever volunteered for public service in a municipal emergency in this country.

The Emergency Hospital, located beneath the dome of the City Hall, collapsed soon after 5 o'clock of the 18th. Strange that no one was killed; the physicians and nurses on duty and patients all escaped. It immediately became necessary to open up the Mechanics' Pavilion, within a block of the City Hall, in which to care for the injured, and before 11 o'clock that morning I had 450 injured lying upon cots and improvised beds. Nurses and physicians voluntarily came from all directions to assist in the management, and as the fire approached at 11 o'clock, I gave orders for the removal of all in the building to the various hospitals. The removal of all was accomplished in forty minutes. Rabbi Voorsanger instituted an automobile ambulance system, and the patients were quickly removed to points of safety. So as the building caught fire every injured person had been safely cared for. By noon of the first day, my headquarters were created at the Panhandle of the Park, two miles from the fire line.

On April 19, 1906, temporary quarters for the inspectors of the department were established on Laguna street, and from that point the work of sanitation begun. It must be remembered that the squares, public parks, vacant lots and hill sides were packed with the stricken multitude without sanitary conveniences of any kind. While they were policed by the military, without whom it would have been impossible to have successfully coped with, the situation at this period, still the gravest condition presented itself. The sick and injured and healthy were confusedly packed together. The water supply was cut off in every direction, sewers were broken open, and added to which there was scant protection from the elements. The physicians of the city, realizing the enormous demands for medical aid, responded quickly and voluntarily to my headquarters, offering their services, all of whom were added material to the regular staff.

The early move towards creating better conditions was the segregation of the sick and injured in the various camps, placing them in the few hospitals that had not been destroyed by either the fire or earthquake. The cutting off of our water supply made many of our hospitals useless. The destruction of the chimneys added to the difficulty of using the hospital kitchens and operating rooms. Close attention was paid to detection of cases of communicable diseases, and at once a hospital for such was established at Harbor View, also a typhoid hospital was projected, begun to be erected as early as the 23d of April, at Deer Run in Golden Gate Park. It was but natural that a large number of small hospitals, eighty six in all, should come into existence by the kindly hands of medical men offering shelter and emergency help. Soon, however, in order to conduct these matters intelligently, many of them were suppressed. Complete tabulation was made of those ill in the institution, and the vacant beds that we could use in providing for the sick and injured were noted.

About this time the committee of fifty appointed by the mayor, representatives from all political parties and prominent men of the city and county, passed a resolution of confidence upon the work of the health commission. Following my report to them they ordered immediate funds placed at my disposal for the carrying out of the necessary plans of sanitation. This opened up the possibility of

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paid service for certain labor, the purchase of disinfectants, engaging of automobiles, and other transportation, and such other emergency service in the way of laundries as were required. As the days went by the lack of water became the most serious menace to public health, prohibiting the necessary bathing, laundry work, flushing of sewers and toilets. Conferences were held with the chief engineer of the Spring Valley Water Works, and provisions were made for early re-establishment of our water supply. The great reservoirs were cracked in their bottoms with loss of their contents. The water mains were broken or twisted, and it was likely for a time that a serious water famine would result.

It was not many days, however, before in certain parts of the city water was turned on for an hour, then extended to longer periods, and to different parts of the city, until, finally, in four weeks' time, it was quite generally re-established.

All established hospitals and dispensaries, or those newly organized, became, under the control of our commission, supplied where necessary with volunteer physicians and nurses. The damaged hospitals required repairing, and to this end a large force of skilled laborers were summoned from all parts of the State, with materials plcaed at their command to accomplish the work. A call was made for plumbers for the purpose of making a house to house inspection to shut off water in houses where the pipes were found to be broken, to seal the toilets, to make temporary repairs of sewers and pipes, and assist the Spring Valley Water Company in stopping the leaks, making it possible to re-establish the water supply, for which we employed 638 men. Each morning at 9 o'clock and each evening at 5 o'clock my commission met to receive reports from the three district sanitary officers in regard to the insanitary conditions in their districts, the location and general requirements of hospitals, and the urgent necessity for sanitary measures. Disinfecting crews, consisting of a team, several laborers, disinfectants and appurtenances for the digging of latrines, were placed in the field.

Barges were obtained on which the scavengers placed the garbage, which was sent out to sea at high tide. Instructions were given to householders to place their garbage barrels at the curb, and for the period of sixty days an army of teams and 225 men were employed in this work. This was free of cost to the citizens.

The disposal of the garbage at sea was made necessary by the disability of the sanitary reduction works where all garbage had previously been incinerated. An attempt was made to incinerate the garbage in the burned district, but this was found to be impracticable, as only a portion of it could be destroyed because of its moisture. An average of 700 loads were removed daily from the various districts of the city to the barges. This was a signal success. Considering the wreck of the sanitary reduction works, and the entire population cooking in the streets, these streets being filled with debris of all kinds, teams and wagons difficult to hire, a great task was undertaken and accomplished in meeting and successfully coping with the garbage situation and an object lesson in municipal street sweeping. Within the first twelve days following the 18th of April, there were 509 dead animals removed from various parts of the city, including the burned area. These were incinerated. During the succeeding weeks to the 1st of August 700 dead horses were also disposed of in like manner.

Very early in the struggle it became necessary to keep a vigorous inspection over all food supplies. From the fire to the 1st of August, 1906, 106,021 pounds of beef, veal, mutton, lamb, pork, fish and poultry, also many hundred sacks of vegetables and boxes of fruits were condemned and destroyed as unfit for food. Coincident with the closing of the saloons within three days of the fire, an enormous number of refreshment stands opened for business in all sections of the city. These stands offered for sale, principally, soda water and a preparation called "cider." As these drinks were all manufactured, the department was interested in the preparation. Samples were labelled and submitted to the chemist. The findings revealed the fact that the soda waters were colored and flavored with coal tar dyes and sweetened with saccharine. The cider was a concoction of tartaric acid, citric acid and coal tar dyes. The quantity of tartaric acid ran as high as 48 grains to the five ounces, which is the usual amount served in a five cent glass. The bacteriologist showed these products to run very high in various bacteria; in many cases fermenting gas, and growing upon Parietta and Ellsner's media, which warranted the conclusion that the water which formed the base of these drinks was contaminated, or that gross carelessness prevailed in the cleaning of the containers used by the manufacturers. The health commission realizing the seriousness of this situation, ordered the suspension of the manufacture of these products and the withdrawal from sale of all that was upon the market at the time. This led to the condemnation in a single day of ninety barrels of cider and four hundred cases of mixed soft drinks. Subsequently soda waters were permitted to be sold if manufactured from distilled or boiled waters, and providing further, that saccharine and coal tar colors be omitted.

Special vigilance was maintained over the milk supply. In addition to the quantity produced in the city and county of San Francisco, 80,000 gallons was about the daily average shipped from outside counties to San Francisco. At one time a milk famine was threatened because transportation was so disorganized or engaged in giving sole attention to comfort of refugees and relief stores. The milk problem was aggravated by the difficulty in obtaining containers, thousands of which had been destroyed, and many of them were seized by the homeless for cooking purposes. The adjacent cities to San Francisco contributed generously until a supply was obtained from Eastern markets.

Very close watch was maintained over the water as a beverage and to safeguard the milk supply because of the dependent relationship. Within three days of the fire notice to boil all drinking water was posted in the camps and other conspicuous places throughout the city. At first the notices

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were made on pieces of board or shingles with a marking brush. Later printed circulars, cards and hand bills of various colors were distributed. Printed instructions were sent throughout the city to avoid all insanitary conditions about the tents, the necessity for cooking all vegetables, sterilizing all milk and canned goods, and urging hygienic measures. In the general confusion that prevailed it became an impossibility to always place these directions where they would do the most good. We were materially handicapped because of the destruction of our chemical and bacteriological laboratories. The University of California very generously opened up the agricultural department with its full equipment of chemical appurtenances and housed the chemical laboratory of the department of health from the 20th of April to the 1st of August. With an arrangement of messenger service to and from the laboratory across the bay, all the specimens for examination were transported.

The Hahnemann Hospital, the pride of my heart, just completed and just ready for occupancy, fully equipped with the latest of laboratory apparatus, opened its doors to the department of health for the bacteriological service and supplies. From the fire line to the present time this has been generously given to the use of the city.

During the past three months 285 chemical and 325 bacteriological examinations were made of the water. It was found that the Spring Valley water was high in albuminoid of ammonia, nitrites, nitrates and chlorine, high in bacteria and fermenting considerable gas, proving that by reason of the disturbance there had been some contamination in the water mains. Further investigation was then made of the sources of waters stored in lakes Pilarcitas, San Andreas and Crystal Springs, also from the pumping station at Niles. These waters were found potable. The repair work on the mains by the Spring Valley people was progressing rapidly, but owing to the immense number of leaks in the various sections of the city, the water system received a very thorough flushing from contaminated supply reservoirs, and subsequent examination showed impure water. It is interesting to note here that to a large degree the impurity of the water depended upon the insuction into the pipes from surface sewerage because of the released pressure from various points favoring the intake. In the latter part of the month of June grave suspicion again rested on the water, which, leading to the belief that the supply reservoirs were filled with water from North and South Merced lakes and from Lake Honda, which waters have shown, in the many examinations made, to be high in fermenting gas, due probably to the insanitary condition of the surrounding water sheds and contamination from surface sewers by the insuction process of which we have spoken. Waters from the Lakes Merced and Honda ordinarily are used for fire purposes only. The Spring Valley people were sent reports of our examinations in order that they might know of our conclusions, and close watch was kept for public safety. At all times examinations showed all water supply from the wells and springs were dangerous to health and contained much foreign matter, and were, therefore, not potable.

The plumbing division of the department of health has been severely taxed—3,812 new structures and 210,610 feet of soil and sewer pipe being tested during the months of May, June, July and August; 1,432 complaints of defective plumbing were investigated and abated. When it is considered that we had only four men in the field to accomplish this, the magnitude of these great figures can be better appreciated by those familiar with such work.

Our department maintained supervision over the bakeries, baths and laundries. Trained inspectors devoted their entire time to inspection, disinfection and fumigation of these places for public safety.

One of the important measures inaugurated and yet one open to no little danger was the necessity of creating hundreds of earth latrines throughout the city, because of the inability to use the toilets in the homes, also providing for those that were tented throughout the city squares. It was soon found that the latrines were more easily dug than maintained in a healthful condition. For a time disinfectants, as chloride of lime, were most difficult to obtain, and it became necessary to use sulphate of copper generously. Some of the Eastern manufactories, notably the Veroform Hygienic Company, very rapidly put forth their various products, and thereby relieved the strain. Veroform was generously donated and used with the best of results. Gradually the latrine passed from a trench dug in the ground to one covered, having chloride of lime freely sprinkled within; but in spite of all this soon it became necessary to screen the latrines and to darken them. It was difficult to obtain lumber, and men for the accomplishment of this work. The flies soon became a factor for study in relation to the maintenance of these latrines and the open kitchens on the streets and in the camps. Here billions of flies were constantly carrying filth from the latrines and from the garbage can to the nearby restaurant, or to the food in the process of cooking at the street curb.

These latrines numbered hundreds in every part of the city, and required eternal vigilance in order to maintain them fairly sanitary. In June, 1906, the health department urged upon the relief committee the liberal establishment of Reed troughs as used by the War Department. The question of flies, their propagation and relation to communicable diseases became a most important study. The screening and darkening of latrines materially assisted in abating this nuisance, which, together with disinfection of them, controlled it in a measure. But the difficulty in maintaining anything like proper sanitation of open earth latrines for any length of time is obvious.

There was a very distinct etiological relation traced between flies in the open latrines and in the nearby kitchens. Direct relation was shown between the kitchen of the camps and the development of typhoid within them. Notwithstanding most vigorous work, it was found difficult to maintain sanitation about the kitchen, in some garage cans were open and in close relation to the cooking processes going on at the same time.

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The normal amount of typhoid fever in San Francisco does not exceed fifteen cases a month, but during the month of May there developed sixty, in the month of June thirty-five, in the month of July 158, and for the month of August 129. Inasmuch as the month of June showed a decrease over May, a larger sense of security was felt; then came the rapid rise in July creating some alarm. It was found that allowing for the two weeks of incubation period and the time of establishment of the camp kitchens, that the rapid rise of typhoid was traceable to the development of these kitchens. The limited amount of labor at our disposal and the diversion at times of that labor for transporation of refugees in June in place of vigorous latrine work, assisted in making possible the large increase in July. There was great difficulty experienced in impressing upon the mind of those in charge of the Relief and Red Cross funds that the sanitary measures were exacting, and that it required a much larger fund and immediate action to stamp out typhoid fever. This was driven home as urgent, and the funds were finally obtained. In all of this Dr. Devine's coworkship was of the utmost value in favorably guiding public opinion.

It clearly shows that measures of sanitation are largely the result of education, for not even a man with generous impulses and correct business standards in other departments of life can be made a sanatarian on short notice. The whole subject is one of study by analysis to deduction in the search for causes and seeking their abatement.

Another source of great difficulty was the ignorance of the people in general as to sanitation and a disregard of any law of hygiene. I endeavored to meet this by enjoining upon the camp surgeons the giving of weekly instruction in sanitary requirements to the tenters. This led the people up to a larger realization that theirs was a duty in part to prevent the spread of communicable diseases. Typhoid fever has been throughout the disease that received the largest share of attention from the standpoint of prophylaxis, being the sequel to be expected in a disaster of this magnitude involving so large a community.

Anticipating the probability of an epidemic and finding difficulty in acquiring funds necessary to check it, the department of health called into counsel ten of the most noted members of the profession, including the president, Dr. Terry, and special committee on public health of the county medical society. We found these gentlemen most cordially helpful in sustaining our position, in critically inspecting our methods and offering practical suggestions. In order that there should be no error of diagnosis in cases reported, the Widal test and the Diazo reaction were requested in every instance, and where possible, a leucocyte count, before the case was considered as verified. The ambulatory feature of the disease was especially noted, many cases walking the streets with a temperature of 103 degrees, and could only be restrained from further menace of others by causing their arrest and deportation to hospitals.

Investigation within the camps showed that the refugees were careless in the disposal of their excretions, rising at night and throwing the urine upon the adjacent surface soil. From one such patient in Garfield Square there were traced twelve verified cases. It is not intended to claim that the camps or camp kitchens were the only source of infection, although of the 412 cases from May 1st to September 1st there were 182 cases directly traceable to camps, 48 cases to sources outside of the city and county, and nearly 78 cases were traced to contacts. The remaining cases were no doubt due to the use of infected drinks and well waters, which were used in spite of all warnings. In the rest of the cases it has been impossible to trace the source.

To verify our conclusion that the infection was fly-borne in the majority of cases, an elaborate set of experiments were made. An Agar plate was placed ten feet to the windward side of a tent in Garfield Square, and after allowing several flies to touch the plate, the dish was sealed and taken to the laboratory. After twenty-four hours of incubation it showed staphylococci, streptococci, bacilli resembling coli communis and putrefaction rods. Further segregation showed the culture to ferment a large amount of gas and to grow on Parietti and Ellsner's media. Second and third test cultures were taken from the relief kitchen, distant 250 feet, and showed the identical results obtained in the first plate. This led to the securing of similar cultures from every established camp and relief kitchen in the city, as well as from numerous open restaurants and street vender's stands.

Appended herewith are some of the results obtained:

Camp 19th and Potrero avenue (kitchen).

Bacilli resembling coli; strepto bacilli; streptococci; staphylococci; large amount of gas; grows by Parietti's and Ellsner's media.

Plate No. 2.

Spore bearing bacteria; ferments much gas, and grows by Parietti and Ellsner's media.

Plate No. 3 (results same as plate No. 2).

Kitchen, Duboce Park.

Spore bearing bacteria; numerous small cocci; bacilli resembling coli; ferments; large amount of gas; grows by Parietti and Ellsner's media.

Plate No. 2.

Bacilli resembling coli; putrefactive rods; large amount of gas; grows by Parietti and Ellsner's media.

Kitchen at Camp Lake.

Bacilli resembling coli; Spore bearing bacteria; large amount of gas; grows by Parietti and Ellsner's media.

Nieto kitchen, Precita Square (taken from meat block).

Bacilli resembling coli; staphylococci, streptococci; large amount of gas; grows by Parietti and Ellsner's media.

Nieto kitchen on Bernal Heights (Cortland and Andover).

Bacilli resembling coli; spore bearing bacteria; ferments large amount of gas; grows by Parietti and Ellsner's media.

Kitchen at Lobos Square, No. 9.

Bacilli resembling coli; staphococci, streptococci;

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general turbidity; large amount of gas; grows by Parietti and Ellsner's media.

Plate No. 2.

Bacilli resembling coli ;putrefactive rods; staphlococci; general turbidity; large amount of gas; grows by Parietti and Ellsner's media.

Kitchen, Harbor View Camp.

Baci'li resemb ing coli; spore bearing bacteria; general turbidity; large amount of gas; grows by Parietti and Ellsner's media.

Camp kitchen, Washington Square.

Spore bearing bacteria; slight turbidity; bacilli resembling coli; no gas; grows by Parietti and Ellsner's media.

Canton restaurant, Chinese (No. 7 Brennan Place).

Cocci bacilli; staphylococci; baci'i resembling coli; large amount of gas; general turbidity; grows by Parietti and El'sner's media.

Golden Gate cafe (634 Golden Gate avenue).

Spore bearing bacteria in chains; staphylococci; bacilli resembling co'i; large amount of gas; general turbidity; grows by Parietti and Ellsner's media.

Yel'ow wagon, 868 Market street.

Baci'il resembling coli; bacilli resembling diphtheria; no gas; no growth by Parietti and Ellsner's media.

Staphylococci; spore bearing bacteria; putrefactive rods; large amount of gas; general turbidity; grows by Parietti and El'sner's media.

Edelweiss Rests and Grill (4th street, Market).

Staphy'ococci; baci'li resembling coli; no gas; general turbidity on glucose bouil'on; no growth by Parietti and Ellsner's media.

Golden Leaf, 2412 Market.

Spore bearing bacteria; bacilli resembling coli; no gas; moderate amount of turbidity; grows by Parietti and El'sner's media.

Pioneer restaurant, 4th and Jessie.

Putrefactive rods; bacilli resembling coli; staphylococci; streptococci; no gas; no turbidity; grows by Parietti and Ellsner's media.

Charter Oak Dairy, 816 Naples (from milk room).

Putrefactive rods; no gas; slight turbidity on glucose bouillon; no growth by Parietti and Ellsner's media.

California Dairy, 700 Amazon (from mi k room).

Staphylococci; putrefactive rods; much gas; general turbidity on glucose bouillon; no growth by Parietti and Ellsner's media.

John Escloses, Henrietta and Hanover (from milk cooler).

Staphylococci; putrefactive rods; no gas; slight turbidity on glucose bouillon; no growth by Parietti and El'sner's media.

Colma Dairy, 615 Morse street (V. Miller. From entrance to milk room).

Bacilli; spore bearing bacteria; baci'li in chains; much gas; general turbidity; no growth by Parietti and Ellsner's media.

I be'ieve the decrease of typhoid through the month of August was due to the exacting labors of the department of health. A determined stand resulted in getting more sanitary inspectors. Every latrine in the city had been roofed and darkened and thoroughly disinfected and repeatedly disinfected. Wherever it was possible to abolish them this was done. About 40 Reed troughs were established. Contacts were closely followed, and vigorous sanitary measures maintained where all such cases lived. The work of following up the contacts has been a most arduous one, but fruitfu' of results. Sanitary instructions in three languages on the same leaflet were printed and sent broadcast.

Each day there is sent to my office a statement of the number of cases verified and the exact location as to last residence; time at the last residence, the hospital to which the party has been sent, and the name of the individual. Through this means we were enabled to trace these cases to their origin and follow up the contacts that early knowledge could be acquired of the invasion of the disease.

At the time of the earthquake there were sixty-eight cases of small-pox in the isolation hospital, No. 1, and we feared lest there should be an invasion of vario'a. Careful segregation of these cases and prompt deportation of such to the hospital made it possible to check these entirely until the 1st day of September found the city of San Francsco with no fresh cases of small-pox and three cases only remaining; a'l convalescing.

When we consider that during four months fo'lowing the greatest disaster in property values that the world has ever known in a given municipality and in meeting with the worst insanitary conditions that may be conceived to accompany such a crisis, surely 412 cases of typhoid will be regarded as the minimum to have been expected. It is interesting to note that of all these cases there has been forty-one deaths, showing the mortality to be about 10 per cent. This limitation has been due to the incessant labors of the department of health and its co-workers, engaged in season and out of season, seeking for no consideration other than the public good, and forgetting themselves in the doing.

In meeting an emergency such as this I submit to you certain suggestions based upon my experience:

1st. Divide the city into districts, and these districts into sub-districts, each in charge of a medica' inspector having a team and two laborers with the necessary disinfecting apparatus. Each wagon to be equipped with tank, a force pump and 100 feet of small hose. The barrel to contain a 5 per cent. solution of carbolic acid to be used as a spray upon the surface soil through the camps and infected areas. Petroleum to be used over pools for flies and mosquitos.

2. Establish automatic flush Reed troughs in all sections where the main sewers in the streets are intact.

3d. Wherever earth latrines must be maintained keep doors and ventilators properly disinfected, darkened and screened.

4th. Maintain a sufficient number of latrines to prohibit the depositing of night soil in any other place, and for workmen in burned districts with no sewer connections.

5th. The use of small sulphur candles in all tents for the purpose of killing flies.

6th. Careful supervision over the water and the

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milk supply by frequent chemical and bacteriological examination.

7th. Printed warnings in large type, several languages, and liberal posting against use of unboiled water, milk and canned goods. Raw vegetables, shell fish and fruit to be avoided.

8th. Prevention of over-crowding in tents, prompt isolation of communicable disease.

9th. Follow up all contacts with the disease.

10th. Complete and systematic records for statistical purposes from which most fruitful deductions can be made.

The policy of the commission and that upon which to a large degree its strength has rested has been a closer relationship with the general profession. The department has welcomed criticism when leveled for a higher standard of better organization in its dealing with sanitary problems.

It must be conceded that the department of health is the most vital of all the departments of a city government at all times. When calamity threatens, the strength of organization, well directed effort and methods of sanitary principles become of vital moment. The department of which I have the honor to be president has sought to bring to its counsels the best minds of the profession in order that the city may attain the highest and best results.

Diagnosis.

VALUE OF LABORATORY METHODS IN DIAGNOSIS TO THE GENERAL PRACTITIONER.

BY CLAUDE A. BURRETT, M. D., ANN ARBOR, MICH.

It is my purpose in this paper to take up the subject of laboratory methods as an aid to diagnosis in a way which may be made of use to the general practitioner. The subject will include the examination of urine, stomach contents, sputum and pus. There is not sufficient time allotted me to go into a minute description of this subject, nor does the general practitioner have time to do the work of a specialist in this line. I maintain that great value as an aid in diagnosis can be derived from a few well selected chemical and microscopical tests of the fluids of the body.

Examination of the Urine

Is no doubt practiced more than all other laboratory examinations put together and yet I think it safe to say that the most important part of the examination is not *carried* out by the average doctor. The color, specific gravity, reaction and tests for sugar and albumin do not constitute the all-important part of the examination, important though they may be. Some one has said that next to the pulse and temperature the urine offers the greatest possibility for an insight into the workings of the human system. The blood gathers up the broken down tissue and the waste from body metabolism. When this is excreted from the kidneys together with fluids and certain end products of food elements it forms the urine. So far a consideration of the urine would have value only in its relation to the general condition of the body. It would consist normally of the solids of the urine, inorganic salts, urea, the watery portion, etc., then there are the pathological elements that might appear as sugar, albumin, bile, blood, indican, aceton, also diacetic tests, diazo reaction, etc.

Aside from the value of the examination of the urine as a waste fluid of the body, it becomes of great value to determine the condition of the urinary tract and kidneys. It is not to be wondered at that the genito-urinary tract should be so subject to disease when the kidney is such a delicate organ and yet is the filter of the body, and the urinary tract the sewer through which the body waste is carried. The elements in the examination related to a pathological condition of the kidneys, ureters, bladder and urethra are pus, blood, casts, epithelia, bacteria, inorganic salts formed in the bladder, calculi, etc.

It is the work of a book to describe all the tests for the various elements that may be present in the urine, and I wish only to call attention to some of the more neglected tests.

Twenty-Four Hour Specimen.

It is important that a sample from a twenty-four hours' specimen should be obtained for at least the new patient. For it is important to know how much urine the patient passes, to determine the total solids excreted, and especially the urea that is being excreted. The urea is the end product of nitrogenous metabolism. Its increase means an increased tissue waste or an improper assimilation of nitrogenous food. Urea is increased in high fevers, also in non-febrile conditions, as leukaæmia, pernicious anæmia, diabetes mellitus, dyspnœa and epilepsy, in functional albuminuria, and in some of the drug poison cases. It is decreased in cirrhosis of liver, carcinoma of the liver, chronic nephritis, paresis, melancholia, Addison's disease, and many other conditions. Doremus ureometer and hypobromite solution is a most convenient method in practice for the estimation of the urea.

After a twenty-four-hour specimen has been examined and it is decided to make special tests, then a sample of urine may be used. There is most apt to be albumin in the urine about three hours after a meal. If it is desired to examine the sediment for casts and epithelia a very concentrated specimen is best. The patient may even be required to take as little liquid as possible for a few hours, and thus obtain a concentrated specimen. Hyaline casts are dissolved in a strongly alkaline urine, so it is often best to get just a sample and examine it while fresh.

Chlorides.

In fevers and especially in pneumonia, test for the chlorides is of value. In such cases the chlorides will be diminished or absent. As convalescence is approaching they will return to normal or even be increased for a time. A convenient test is made by adding a few drops of HNO_3 to a little urine in a test tube, and then allowing Ag No. 3 (1-8) to drop into the solution. Normal amount of chlorides will be indicated by a flaky white precipitate, if the chlorides are diminished the solution will be milky white with no formed flakes.

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Diacetic Acid.

The test for diacetic acid is of value, especially in bad cases of diabetes mellitus. Its presence indicates danger of coma, and your patient is in a serious condition. A convenient test can be made with a solution of chloride of iron, as follows: A few c.c. of the urine in a test tube are treated, drop by drop, with the chloride of iron solution. If precipitate is formed filter it out and continue to treat with the iron solution. A Burgundy red color indicates the test to be positive. Diacetic acid is also present in urine in cases of acute fevers, scarlet fever, typhoid, pneumonia, acute articular rheumatism and tonsillitis. It is not so serious in children as in adults. In the latter it is regarded as serious.

Bile pigment in the urine gives it a dark yellow, brown or greenish-yellow color, which, upon shaking, gives a yellow froth. Bile appears in the urine in cases of jaundice of whatever cause, and also occurs as a result of blood changes. It may occur in many pathological conditions of the liver, also when there is hæmorrhage into the tissues.

The best test for bile in urine is Gemelin's test, and is performed by placing a small amount of fuming nitric acid in a test tube and carefully adding a layer of urine about it. At the junction of the two liquids there will appear a characteristic play of colors.

Blood.

Blood or its coloring matter may be present in the urine from numerous causes, and is easily detected, chemically, by preparing a very dilute alcoholic solution of guiac., adding an equal volume of peroxide of hydrogen. Shake the two well and add a little urine, when, if blood be present, a blue color will appear.

Diazo Reaction.

The Diazo reaction is of value when properly carried out. It has been claimed that it occurs in so many diseases that its value is thus of little account, and especially in typhoid fever. However, it seems to me that together with other symptoms which point to the disease it is of great value. The Diazo reaction may be obtained in typhoid fever from the fourth to the seventh day. It is also found in phthisis pulmonalis, when the disease is running a rapid course. The test is present in measles, scarlet fever, miliary tuberculosis, pyæmia and erysipelas. These are the original claims of Ehrlich for this reaction. It is performed in the following way: Two solutions are prepared, 1 grain sulphanalic acid, 25 c.c. Hcl, 500 c.c. aqua (dist.), the other solution is a 15 per cent. solution of sodium nitric. Take fifty parts of the first solution to one part of the second, and add an equal volume of urine, then make decidedly alkaline with ammonia. If a cherry red color appears, and on shaking, the foam is red, then the reaction is positive. This reaction is of especial value in typhoid fever when the Widal reaction cannot be used. It also has a great value in quick consumption.

Uric acid, urates, phosphates, while they may be detected chemically, are conveniently studied with the microscope.

Microscopic Examination

Of urine is absolutely necessary if you wish to arrive at a definite diagnosis of a kidney or bladder trouble. An examination of the sediment will put you on your guard for a kidney or bladder lesion before enough albumin is detected to make you suspicious or even before any albumin is found in the urine. A knowledge of the nature of casts will tell you the stage of the disease and the extent of involvement. Waxy casts are never present in an acute condition. It is by the examination of the sediment that you can determine from what part of the tract pus comes. The epithelia accompanying pus will tell you whether the trouble is bladder or kidney. A few general suggestions will make it possible for you to differentiate the different forms of epithelia.

For the examination of urinary sediment a microscope without Abbey condenser and two powers, the 2-3 and 1-6 objectives, give high enough magnification. The sediment may be allowed to settle in a conical vessel, but the centrifuge is quicker and more practical. After centrifuging until there is a little sediment at the bottom of the tube, the upper layer of the liquid is poured off and the sediment transferred to a slide by means of a pipet. Place the finger over one end of the pipet and immerse it in the tube until it touches the sediment, then remove the finger from the other end of the tube just long enough for the sediment to enter the pipet. It can in that way be transferred to a silde, a cover glass placed over it and it is then ready to examine.

Epithelia.

The large superficial squamous cells from the bladder and vagina are characteristic and easily identified. For detection of some of the other important epithelia take the pus cell as a standard. Heitzmann suggests the following: The pus cell is known by being the smallest round granular corpuscle seen in the sediment. As soon as you decide on pus cells then look for cells decidedly larger. If a number of cells 1-3 larger are found they are from the convoluted tubules of the kidney. The relation is always the same, if the pus cells are small the kidney cells will be correspondingly small. The next size cell is twice the size of the pus corpuscle. It somes either from the ureter or the prostate gland. If they are from the prostate gland mucous plugs and spermatoza are apt to be present while cells from the tubules of the kidney are not apt to be present. Cells from the pelvis of the kidney are irregular in shape. Caudate, pear shaped, also round and cuboidal shapes which are a little smaller than the round cells from the middle layer of the bladder. The cells from the straight tubes of the kidney are columnar and about the size of the round cells from the convoluted tubules, that is, 1-3 larger than pus cells. Kidney epithelia in the urine never appears in the absence of disease, and when identified even in small numbers should suggest the presence of nephritis.—Heitzmann.

Casts.

While it is claimed that hyaline casts are present in many cases with no kidney involvement, yet casts in any number or appearing consistently certainly mean a present or an on-coming kidney lesion. In point of time as to the relation to the progress of the disease hyaline casts are first seen, epithelial and

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granular are seen a little later and waxy casts always denote a chronic condition. There are also blood, fatty and mixed casts described. The origin of the casts can be determined from the size. The smallest ones come from the narrow tubes, the next in size from the convoluted tubules, and the largest from the large collecting tubules of the kidney.

A consideration of the different classifications of diseases of the kidney with their relation to the urine would be of great interest, however, space does not permit only mention of a few points. In general, there may be said to be three classes of kidney lesions. The first in which the infiammation involves the connective tissue of the kidney to a greatest extent, the interstitial. The second in which the inflammation is primarily confined to the epithelial lining of the tubules, the parenchymatous, and a third which is a condition when the inflammation is most intense and a suppurating kidney is the result. These conditions may, and probably do, overlap each other in practice. I mention them to bring out the points in each which make up the diagnosis.

Interstitial.

While you may not always be able to differentiate the different varieties of kidney disease from the examination, yet there is this to be said, that if on microscopic examination you find pus cells and epithelial cells about one-third larger, together with the absence of salts, you may be sure that you have an interstitial or catarrhal nephritis. You do not get kidney epithelia in any numbers in normal urine, nor is it necessary to have casts in the urine of an interstitial case. A few hyaline casts may be present. Albumin may be present, and usually is especially if there is much pus, but it may be absent. In this variety of kidney disease the inflammation destroys the tubules, and tends to draw the kidneys together. The destruction of the tubules is the cause for absence of the salts which are secreted by the tubules, while the tufts secrete the watery portion of the urine, and there is a tendency to increased amount of urine with low specific gravity. In the chronic condition we have a cirrhosis of the kidney.

The parenchymatous variety or that in which the epithelial lining of the tubes is the seat of the inflammation a different condition exists, and the microscopic findings are accordingly changed. Owing to the inflammation, which attacks the tubal lining an exudate is thrown out, while blood corpuscles and red cells are multiplied, epithelial cells are destroyed or washed away into the urine or lodge in the casts, which are a result of the exudate and destruction of tissue. So in this condition casts are always present and usually in large numbers. Epithelia from the convoluted and straight tubules, red blood corpuscles and pus are present. Very early in the case hyaline and epithelial casts will be found. As the condition continues the epithelia become broken up and granular casts are the result. The subacute forms where fatty degeneration has set in fatty casts are the result, and the chronic condition develops the so-called waxy casts In parenchymatous nephritis the amount of urine is usually decreased, of high specific gravity, and albumin in large quantity usually one per cent. is present. Urea is decreased. Later in the disease the amount of urine may increase and the specific gravity correspondingly decrease.

In pyonephritis or abscess of the kidney the microscopic examination of the sediment is of great value if an early diagnosis is to be considered of great value. Frequently the clinical symptoms early in the disease will not point to the kidney. In these cases there will be a great amount of sediment, mostly pus, which is easily identified by the naked eye. The important element in the examination is to determine the variety of epithelial cells present. Epithelial cells from the kidney, together with connective tissue shreds, make a diagnosis positive.

Stomach.

The examination of the function of the stomach and its contents from a laboratory standpoint offers valuable aid, and such an examination can be carried on much more easily than the extent of its practice would lead one to think. By resorting to simple methods, that any physician can carry out, the stomach specialist often gains an enviable reputation as a diagnostician.

Examination of the stomach contents by no means implies that the diagnosis is to rest entirely on such tests, but as in the urine analysis it is an important symptom and may be pathognomonic.

The important factors in the function of the stomach are mechanical and chemical.

Under the mechanical are:

1. Size.
2. Motor power.

Under the chemical are:

1. Its power of secretion.
2. Abnormal elements in the stomach contents.
3. Power of absorption.

Size of Stomach.

The determination of the size of the stomach is not necessarily a part of this work, but since it has such close relation to this subject a word may not come amiss. Many methods are employed in determining the size of the stomach. A very easy and fairly accurate method is to measure the amount of water the stomach will hold. It may be introduced through a stomach tube. Air may be pumped into the stomach to distend it.

When possible a most satisfactory method is to illuminate the stomach interior, and this may be accomplished with the gastro-diaphane. By this method a small incandescent light made for the purpose is attached to the end of a stomach tube. It is connected by insulated wires with a battery. The stomach is party filled with water, and when the incandescent bulb is lighted the stomach is illuminated and can be seen through the abdominal walls. By this method the position and size of the stomach is very perfectly demonstrated.

Motor Power of Stomach.

The mechanical element in digestion is greatly underestimated, and especially that of the stomach. A method by which you are able to estimate something of the motor power of the stomach is of great value. If the stomach is unable to empty itself great disturbance is bound to follow, when, or even if there is no secretion of gastric juice, and the

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stomach is still able to empty itself, then the digestive process can go on. The stomach should be able to completely empty itself in about six hours after the test of meal of Reigel, and after Ewald's test meal in about 1½ hours. In dilatation of the stomach food will be retained, the length of time depending on the dilatation. Food may also be retained in acute and subacute gastric atony.

A simple method for determining the degree of motor power is to give the patient a capsule (15 grains) of Salol after a full meal. In the acid contents of the stomach the Salol will be unaffected, but when it is forced into the intestines by the contracting power of the stomach, in the presence of the alkaline contents of the intestines, the Salol is converted into phenol and salicylic acid. The latter passes at once into the urine as salicylic acid, and on testing the urine with sesquichloid of iron a violet color is found. Under normal conditions the stomach should be able to expel the Salol so that it would appear in the urine in from forty-five to seventy-five minutes. If it takes longer time, it indicates that the motor power of the stomach is not up to normal. At the end of twenty-four hours, normally, the urine should not give the test. If no reaction is given with the Salol pyloric stenosis is the condition. Rarely alkaline mucus in the stomach will decompose the Salol and render test of no value.

Another method for determining the motor power of the stomach is to wash out the stomach and give Reigel's test meal. Normally, six hours after on passing a stomach tube and washing out the stomach only small particles of food should be present. This method may be easily employed.

Chemical Analysis.

The examination of the stomach contents is made after giving the patient a test meal. A certain length of time after the meal has been taken, depending upon the kind of food taken, the stomach is emptied with a stomach tube, the contents filtered when they are ready for examination. Before filtering a microscopic examination should be made. If particles of tissue are seen they may be teased apart, stained and examined for carcinoma celis. Among the bacteria which may be present Boas-Oppler baci lus has perhaps the greatest clinical significance. The bacilli can be stained with methylene blue and appear in long segmented chains. Boas-Oppler bacilli are usually found in a lessened Hcl medium, and when lactic acid is present, they usually accompany carcinoma of the stomach. Another form of life found in gastric contents are the sacrinal intriculi, which, under the microscope, have the appearance of miniature bales of cotton. The sarcina are found in the stomach in cases of carcinoma, while there is yet a secretion of Hcl. They are not found in the last stages of cancer of the stomach. Pus, blood, yeast cells, starch, grannels, etc., may also be seen in a gastric sediment.

Test Meals.

The most common test meal is that first used by Ewald and Boas, and consists of two ounces of wheat bread (two small slices) and about one and one-half glasses of water or weak tea. This should be given in the morning or when the stomach is empty. The test meal is to be removed one hour after having been eaten. Reigel's test meal may also be used, and consists of 400 c.c. (13.5 fluid ounces) of soup, seven ounces of beef steak, 1.7 ounces of wheat bread, one glass of water or weak tea. This meal should not be removed from the stomach until four hours after eating.

An examination of the stomach contents one hour after an Ewald test breakfast should normally give the following results: Reaction acid to litmus paper. Total acidity from 40 to 65. Free Hcl 20-30. Rennin and pepsin present. Peptones present. Sugar present. Achroo and arythro-dextrin present.

As was above suggested, the stomach contents should be filtered before making the tests. No water should be used in syphoning the test meal from the stomach as it destroys the accuracy of results of the tests.

The reaction is taken with litmus paper and should be acid. It may not show acidity to litmus if only a small amount be present; therefore, the other tests for the acids should be made.

Free Hcl.

If the contents are acid it is necessary to know what form the acidity has taken. The next test is then for free hydrochloric acid, and is made with Congo red paper. The paper is used same as litmus paper, and should turn blue in the presence of Hcl. It is necessary that there be free Hcl in the stomach in order that peptic digestion take place. To determine the amount of free Hcl (Topfer's test) it is necessary to take 10 c.c. of stomach contents, add to it five drops of 5 per cent. alcoholic solution of dimethylamido-azobenzol, upon which it turns to cherry red color. This solution is now neutralized by 1-10 normal solution of NaOH. The NaOH is added drop by drop through a c.c. graduated buret. When the acid is neutralized the solution becomes a light yellow color. The acid is conveniently expressed in the terms of the c.c. of the NaOH required to neutralize 100 c.c. of stomach contents. If 2 c.c. NaOH are required to neutralize 10 c.c. stomach contents 20 c.c. would neutralize 100 c.c., so the free Hcl is then stated as 20. If the percentage is desired multiply the degree of acidity (20 by the decimal .00365, since that is the figure which represents per cent. of free Hcl that 1 c.c. of decinomal NaOH will neutralize.

Total Acidity.

For determining the total acidity which includes all of the free and combined acids, 10 c.c. of stomach contents are used to which four or five drops of a one per cent. alcoholic solution of phenothalin are added as an indicator. When this solution is neutralized by the 1-10 normal NaOH it turns to a cherry red. Normally, 4 to 6 c.c. are required to accomplish the change. The NaOH solution would be added drop by drop from a buret, and the solution stirred well after each drop. The per cent. is figured in the same way as with free Hcl.

Lactic Acid

Is identified by means of Ufelman's test. The patient should be prepared in the following way for this test: The stomach should be washed out in the evening in order that lactic acid as a result of stagnant food may be avoided. A test meal given and

then the next morning the stomach contents may be emptied before any food or water is taken. For the test have (1) saturated aqueous solution of sesquich'orid or iron; (2) pure carbolic acid, two or three drops, 10 c.c. of water in a test tube, add three or four drops of (1) and the same amount of (2). Shake the tube thoroughly, when it will be seen as a dark or black color. Dilute it with water until it is an amethyst b'ue color. Now add a litt'e of the stomach contents, when, if lactic acid be present, a canary yellow color will appear at the upper layer of liquid. Alcohol, glucose, large amount of per Hcl and butric acid give this test. If in doubt extract the contents with ether before making test Clinical significance: The presence of lactic acid during the latter part of digestion is strong indication of cancer of the stomach.

Pepsin.

If pepsin be present in normal amount 25 c.c. of gastric contents should digest .06 grams of cooked egg albumin in three hours. Place the test tube in water bath at 100° F.

Rennin.

If rennin be present, four or five drops of stomach contents should coagulate 10 c.c. of milk in ten to fifteen minutes when kept warm.

Normally, one hour after an Ewald meal the stomach contents should contain propeptone. peptone and the sugar derivatives. Propeptone is precipitated in presence of saturated solution of sodium chloride. Then the filtrate becomes vio'et when treated with a few drops of NaOH, and di'ute solution of copper sulphate.

Carbohydrate Digestion.

To determine the condition of carbohydrate digestion treat the stomach contents with Lugol's solution (iodin, 1 part; iodide of potassium, 2 parts; distilled water, 200 parts). Starch gives a blue co'or, enythrodextrin a violet or brown. If no color appears on this addition it shows presence of achrodextrin, dextrose and maltose. You can then test the contents for sugar with Fehling's test. The absence of color on adding Lugol's solution to starch contents one hour, after an Ewald meal indicates perfect digestion of starches in the mouth and stomach. If the test gives a blue or vio'et, showing incomplete carbohydrate digestion, then it is due to either lack of salivary ferment or to excess of Hcl in stomach. It is frequently due to the former condition.

Stomach Absorption.

Absorption from the stomach takes p'ace only to a limited extent. However, in such condition as dilation of the stomach, carcinoma and gastritis, absorption is retarded and a knowledge of this fact in a given case is of value. It is determined in the following way, give patient two grains of potassium iodide: In about ten or twelve minutes test the sa'iva with strips of paper wet with boiled starch solution when it will turn violet at first, and in fifteen minutes should turn blue, in the event of the potassium iodide having been absorbed.

Staining Methods.

I shall only give in a general way some of the more common staining methods for bacteria that any physician having a microscope with 1-12 oil immersion objective may avail himself. In genera', when it is desired to prepare material such as pus, sputum or any discharge for staining: 1st, have a clean cover glass on which can be smeared with p'atinum wire loop the materia! to be stained. It shou'd be smeared on as thin as possible; 2d, allow it to dry in the air or by slowly heating. Then pass through a Bunsen burner gas flame, or alcohol lamp flame three times, which fixes the materi al to the slide. You are then ready for staining.

The simplest stain is methylene blue, and with it the pus germs staphylococci, streptococci also gonococci, pneumococci and many others are stained. A two per cent. aqueous so'ution is used, and the specimen after being fixed with the heat as above described is stained for two or three minutes. It is then washed in running water, dried with filter paper, and is then laid on a glass slide and is ready for immediate examination, with first a 1-6 power objective, and later with 1-12 oil immersion. Shou'd it be desired to preserve the specimen a drop of Canada balsam is placed on the stained side of the cover glass. It is then 'aid balsam side down on a clean slide.

Tubercular Bacilli in Sputum.

When properly stained tubercular bacil i in the sputum are very easily identified. When found the diagnosis of tuberculosis along the respiratory tract is never in doubt. After a study of nearly 400 cases it was found that in the cases of acute pulmonary tuberculosis the bacilli were shorter and less segmented, and that when those cases had returned from the mountains in apparent perfect hea'th large segmented and branching forms of the baci.li were often found.

The following is a convenient method for staining sputum for tubercular bacilli: 1, From the morning sputum select a cheesy particle, with the sterilized p'atinum loop place it on a clean cover glass. Then press a second cover glass over the first one and draw them apart, when an even, thin smear will result. 2. Dry cover g'ass in the air then pass through flame as suggested above. 3. Cover the specimen with Zeil-Neilson's carbolfuchsin and warm it to steaming (not boil) for three minutes. 4. Wash in water. 5. Without drying add to specimen a few drops of Gabbets's methylene blue solution. 6. The specimen can then be washed in water, dried and mounted on a slide in balsam as suggested with other stain. When examined with 1-12 oil immersion the tubercular bacilli will be stained red while all other bacteria, pus and elastic tissue will be stained blue. The tubercular bacilli will be distinct red rods.

Gonococci

Are stained by Gram's method and are identified in the following way: The urethral discharge is collected and fixed on the cover glass as in the case of sputum. 1. To the specimens add a few drops of anilin-gantian-violet, heat to steaming and allow to stain for fifteen seconds. 2. Wash in water. 3. Without drying add a few drops of Gram's iodin solution and let remain from one to two minutes. 4. Wash the specimens in 70 per cent. alcohol until but a faint violet co'or remains 5. Add a few drops of

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saturated alcoholic solution of Bismarck brown and let remain for two minutes. Wash in water, dry, and mount in balsam and examine under 1-12 oil immersion objective.

The gonococci appear as little brown biscuit-shaped pairs. The pus cells are stained a light brown with dark nuclei. Other bacteria are stained violet color. Some of the gonococci are within the pus cells, and this condition assists in the diagnosis as the other cocci are not found within pus cells. Gonococci may be stained with methylene blue, and then the diagnosis depends upon detecting the biscuit-shaped pairs within the pus cells

What has been given in this paper only hints at the large amount of laboratory work available as an aid to diagnosis, and yet these few examinations made use of cannot but greatly assist in the arrival at a diagnosis.

The cost of fitting up an office for doing the work outlined above, including Bausch and Lomb or Litz microscope with 1-12 oil immersion objective. also 2-3 and 1-6 objective, water motor centrifuge, bacteriological instruments, stains and reagents will not exceed $100.

Bausch and Lomb microscope, 2-3, 1-6, 1-12 oil obj. abbey cond.	$75.00
Water-motor centrifuge	9.00

PSEUDO-PARASITES, THEIR RELATION TO DIAGNOSIS.*

BY MALCOLM ALLEN ROYAL, M. S., M. D., DES MOINES, IA.

Introduction.

It is hardly necessary, in the present state of medical knowledge, to call attention to the importance of the results obtained by the microscopical and chemical examination of the blood, the secretions and excretions of the body, as an aid to diagnosis. Nevertheless, the physician is not as yet sufficiently equipped with diagnostic methods as to be able to neglect the study of any phenomena which may lead to a knowledge of disease. Research, while constantly extending this field of knowledge, is also simplifying it and emphasizing the relative value of the procedures and the practical importance of the knowledge so obtained.

During the last seven years the practical importance of laboratory methods in clinical diagnosis has come to be widely appreciated among the physicians in general practice as simplifying and facilitating one of the important paths to success in practice, namely, accurate diagnosis.

Within these last few years much attention has been paid to the clinical diagnosis, both chemically and microscopically, of the fæces and the parasites found therein. The subject of parasites has become a study of itself and much investigation has been made on parasites affecting the human being by Leuckart, Stiles, Ware and others.

*Synopsis of a thesis presented for a M. S. degree at S. U. I.

It was while making the investigation of the different parasites that the presence of pseudo-parasites in the human being was discovered. These facts have been recorded in a few cases. However, there is but little literature on the subject at the present time and information has been difficult to obtain. In my thesis I have endeavored to review the literature on the subject as obtained in the medical library of the university and the surgeon general of the U. S. army; also, the observations made in the laboratory while studying the pseudo-parasites as found in man.

In order to determine the structure and nature of pseudo-parasites I have studied a number of plants and other substances, both by gross and microscopical examination of raw material and by experiments consisting of the ingestion of such substances and the subsequent examination of fæces.

The drawings accompanying this thesis represent various structures which have been mistaken for pseudo-parasites; also, gross and microscopical illustrations of the substances that might be mistaken for real parasites; and illustrations, taken from books, of such parasites as are simulated in appearance by pseudo-parasites.

Technique.

In this work personal experiments have been conducted with the idea of definitely establishing the relationship between these pseudo-parasites and the different animal parasites. These experiments consisted in eating large quantities of different substances and by subsequently examining the stools, finding the material which represented the undigested portion of the substance identical with the fresh preparation. For these experiments the following substances were used:

1. Bananas.
2. Lemons.
3. Sauer Kraut.
4. Onions.
5. Apples.
6. Thread.
7. Rhubarb.
8. Oranges.
9. Celery.
10. Dates.
11. Oatmeal.
12. Pineapple.

To best bring out the particular structure of the different substances used, sections of a suitable length were taken and first exposed to the action of the air for a variable length of time, according to the different substances used. They were then placed in a glass receptacle and exposed to the air for a half day at least, following which they were placed in a five per cent. solution of potassium hydrate. This treatment tended to separate those elements which usually resist digestion from the remaining digestible substances. The sections were treated in this manner for a day. The action of the light and the potassium hydrate caused the undigestible elements to assume a dark color similar to those discharged from the bowels. The dark staining elements—undigestible elements—were then further separated by means of needles and placed

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in a separate dish containing five per cent. potassium hydrate.

In most cases these dark colored, undigestible elements consisted of fibre bundles, as will be shown later. The fibre bundles were divested of all the softer digestible part and were then ready for mounting, either in glycerine or balsam. Glycerine tends to clear the specimen, and is used for that reason. Where a permanent mount was made they were placed in glycerine, following the potassium hydrate, and allowed to stand twenty to thirty minutes. The excess glycerine was removed, and the specimen mounted in balsam. While the potassium hydrate tends to clear the sections, yet it is found that the glycerine acts more satisfactorily. These sections were then examined under both the two-thirds and one-sixth objective of the microscope. No drawings were made of these, but they were kept for future reference in comparison with those obtained from the discharges of the bowels.

For the experimental work, not being able to get any one else, I took the privilege upon myself. In this part of the work large quantities of the fruit or food were eaten, making the diet for the day consist chiefly of the one article.

Following the ingestion subsequent examination of the stools was made, and especially after the end of twenty-four hours, this being the time generally taken for food to pass the length of the intestinal tract. A better guide to follow is that the second stool following the ingestion of the substance will contain the elements of the substance ingested. The stools were collected in glass jars with a tightly fitting top, and a four per cent. solution of formalin was added, which readily deodorizes the stools and also softens them. However, if left too long in formalin they become hardened. The color, odor and consistency were noted before the addition of the four per cent. formalin.

Macroscopical Examination of Fæces.

The microscopical examination concerns chiefly the color, odor, consistency and the amount, together with the recognition of the presence of mucus, pus, blood and undigested particles of food, such as seeds, woody vegetable fibres, undigested pieces of apples potatoes, etc.

The technique of this examination is simple. The fæces were placed in an open glass vessel and examined with needles or a platinum loop to separate the large lumps; formalin, four per cent., or salt water, being used to soften the stool. It is often convenient when examining the fæces to employ some form of working apparatus to separate the coarse particles from the fine granular debris and bacteria. Several small stool sieves have been devised. Boos's sieve consists of two hemispherical compartments which can be fastened together by a bayonet catch. A fine sieve in the lower compartment retains the food fragments. In this way a specimen for study may be obtained in about twenty minutes. Strauss has suggested the use of a glass percolator or irrigation jar which is supported on a stand connected with the water supply by a rubber tube attached to the aperture at the lower portion. The stool to be washed is placed in the jar, a gentle stream of water is turned on, and the top of the vessel covered with a weighted sieve, the meshes of which are about 1 m.m. in diameter. Following Straus's idea any vessel with an aperture at the lower portion can be used. Einhorn advises the use of an ordinary flour sifter, the stool being placed in the sieve, which can either be immersed in water or held under the tap and the handle turned slowly. By any of these methods the different parts become separated and can readily be distinguished.

For my work I used a douche bag, attaching a rubber tube to the aperture at the lower portion and to the water supply, and fastening over the top several layers of gauze. By allowing a gentle stream of water to pass through the finer debris was washed out and the food particles were cleansed. This method retained all the elements which were desired.

By any of these methods described the large fragments can be obtained and are ready for examination.

Microscopical Examination.

In hospital work it is advisable that the stool should be passed into a well warmed bed-pan and examined at once. In private practice patients should be instructed to send their stools to the physician as soon as possible, when suspicious looking particles should be placed upon the warm stage. A very convenient form of warm stage can be obtained from the instrument maker at low cost. In my work, as has been stated, the stools were collected in long cylindrical glass jars with a tightly fitting glass top. For all ordinary purposes these are the most convenient, as they can be tightly closed. A four per cent. solution of formalin, five per cent. of carbolic acid, turpentine or thymol, can be placed over the fæces so as to diminish the disagreeable odor. Four per cent. formalin answers the purpose most admirably and was the only solution used in these experiments. Fluid fæces were examined without further treatment. Firm fæces were placed in a glass receptacle, and the small particles removed with a platinum loop or needle.

In those instances where I wanted to make a thorough search, especially for large particles, the method described under miscrosopic technique was used. The fragments thus obtained were spread out on a slide and covered with a large cover glass. Very thin preparations were always made Large slides are best adapted for this purpose, the fæces being spread out in a very thin layer. When an examination for all substances is desired, I have found that a very good way is to make an emulsion of the fæces and then allow the mixture to settle and dry on the slide; if for some special morphological element a thin watery emulsion was made. It was found that coarse vegetable remnants, cells and crystals formed the lower layer, parasites and eggs the middle, while in the upper layers were the bacteria, fat, vegetable cells, etc. These can be drawn up with a pipette and placed on a slide, spread out thin and covered with a large cover glass. These slides prepared by the preceding methods are then examined under the two-thirds and one-sixth objective of the microscope, the higher power being used to bring out the characteristics. These were then compared with the specimens prepared by

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treatment with potassium hydrate and identified as the same.

Animal Parasites.

I. Protozoa.
  A. Rhizopoda.
    Menara.
    Amœbina, Amœna coli.
  Flagellata's mastigophora.
    Monadina.
      Cenomonadina, Circomonas.
    Isomastigoda.
      Tetramitina trichomonas.
      Polymastigina, Megastoma entericum.
  Infusoria ciliatas vera.
    Holotricha, Balantidium coli.
  Gregarinas sporozoa.
    Coccidia.

II. Vermes.
  A. Platodes.
    Cestodes.
      Tænia saginata.
      Tænia solium.
      Tænia nana.
      Tænia diminuta.
      Tænia cucumerina.
      Bothriocephalus latus.
      Krabbea grandis.
    Trematodes.
      Distoma hepaticum.
      Distoma lanceolatum.
      Distoma Buskii.
      Distoma libiricum.
      Distoma spatulatum.
      Distoma conjunctum.
      Distoma heterophyes.
      Amphistoma hominis.
      Distoma hœmatobium.
      Distoma pulmonale.
  B. Annelides.
    Nematodes.
      Ascarides.
        Ascaris lumbricoides.
        Ascaris mystax.
        Ascaris maritima.
        Oxyuris vermicularis.
      Strongyloides.
        Anchylostamun duodenale.
      Trichotiachelides.
        Trichocephalus hominis
        Trichina spiralis.
      Rhabdomema strongyloides.
        Anguillula intestinalis.

III. Insects.
    Piophila casei.
    Drosophila melanogastra.
    Homialomyia.
    Hyodrothœa meteorica.
    Cystoneura stabulans.
    Calliphora erythrocephala.
    Palleuria rudis.
    Lucilia Cæsar.
    Lucilia regina.
    Sarcophaga hæmatoides.
    Eristalis arbustorum.
    Anthomyia.

Pseudo-Parasites.

Pseudo-parasites are divided into two classes:

First. Those which are actually free, living animals, introduced by accident, usually in food or drink, into the human alimentary canal, and exciting therein abnormal conditions which induce their more or less immediate forceful expulsion.

Examples: Botkin found, in the vomit of a Russian, numbers of small nematodes, which he wrongly thought to be a human parasite. This nematode lives normally in the onion, and its introduction into the stomach with this vegetable excited the symptoms noted.

Cases of gordius, the hair snake. About a dozen cases taken from man after a supposed sojourn of from a few hours to fourteen days have been reported. Some of these have been vomited, others passed per anum. This form has often been mistaken by the physician for a true parasite, and in one celebrated case, at least, as a guinea worm.

There are forty recorded cases where mysiopodes were mistaken for pseudo-parasites. The ingestion of such forms is purely accidental. The symptoms are those of helminthiasis. They remain at longest a very short time and never show adaptation to their new environment.

Second. This class is composed of parts of substances of both plant and animal origin, used as food, which have not been destroyed by the action of the digestive juices.

Examples: The radulæ of the common limpet have on several occasions been reported as found in the stools. The seeds of the mulberry were mistaken for a parvalin worm, also plant tissue and other similar undigested structures of peculiar shape, appearing periodically, as new helminthes. That a differentiation of such structures is not easy is proven by the account given by Stiles of the similarity of appearance of the partially digested banana fibers to minute tapeworms. Some years ago Leuchart entrapped a group of students doing research work in helminthology with the pulp vesicles of an orange which were found in the field of examination.

Pseudo-Parasites Simulating Animal Parasites.

Banana.

The fibres of the banana were the first to call attention to the fact that such fibers might be mistaken for minute tapeworms. In the Journal of the American Medical Association for 1903 the subject of pseudo-parasites is discussed, and that a differentiation of such structures is not simple appears from the articles. C. W. Stile, of the M. H. S., was probably the first man who made an investigation of the subject. Specimens were submitted to him for examination, and only after calling in the aid of his brother botanist was he able to determine their nature. Here in our own laboratory during the winter of 1902-'03 attention was directed in two instances to material discharged from the bowels that had a marked resemblance to minute tapeworms, and led to considerable and interesting study before its real nature was finally determined. These objects in question appeared in considerable numbers, were dark brown or black fibres which seemed to be segmented like a tapeworm. In experiments made

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upon the banana it was found upon exposure to the light of transverse sections that dark colored fibres or bands appeared along the center and on the external surface. (See figure.) These were brought out by placing sections in a five per cent. solution of potassium hydrate. The segmented, band-like elements, which usually resist digestion, being separated in this way from the remaining substance of the banana, and also assuming the same dark color as when discharged from the bowel. The arrangement of these fibres is vertically along the centre of the banana, and from these radiate horizontally toward the periphery and over the external surface, dividing the banana into three well defined portions. In order to establish the relation, personal experiments were made by eating large quantities of bananas, and subsequent examination of the stools by the method previously described. Microscopically the fibres were made up of small oblong bodies or segments, apparently more or less connected and resembling tape worms, strobilæ. When more closely examined they are found to consist of bands or rows of cells oblong in shape, well defined in outline, composed of a granular material with occasional openings or spaces, evidently due to retraction of the protoplasm. The cells seem to overlap each other at the ends and so form an apparent connection with each other. These represent the parenchyma cells. The spiral elements found between as seen in the figures, are the so-called spiral ducts—fibro-vascular bundles or trachæ—of the banana Even when magnified the oblong-shaped cells bear a striking resemblance in form, shape and arrangement to the segments of a tapeworm. They might be readily mistaken for the tænia nana or the tænia diminuta.

In the two cases to which attention of this laboratory has been brought, one was a child two years

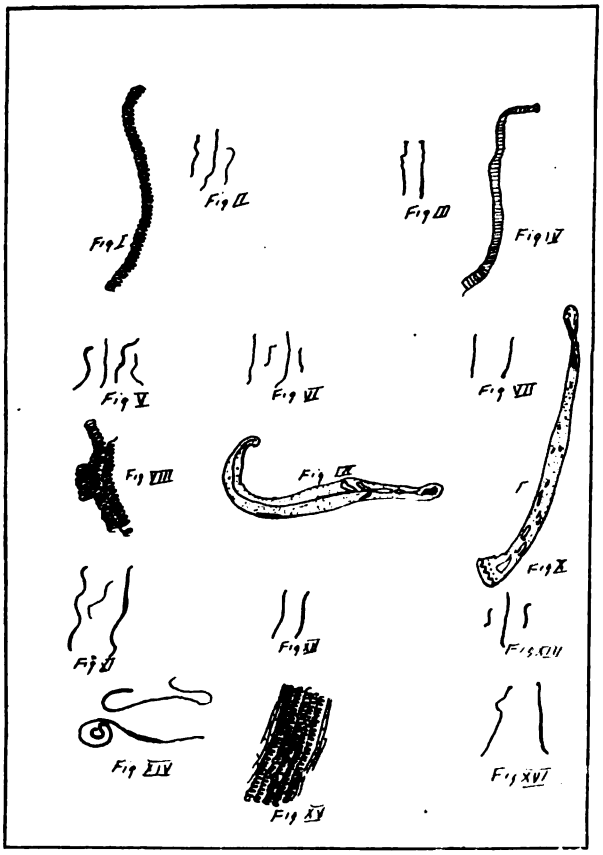

Plate No. 1.

Figure 1. Banana shreds enlarged.
" 2. Banana shreds natural size.
" 3. Tænia nanna.
" 4. Tænia nanna enlarged.
" 5. Date fibres.
" 6. Oxyuris vermicularis.
" 7. Uncinaria duodenale.
" 8. Date fibres enlarged.
" 9. Oxyuris vermicularis enlarged.
" 10. Uncinaria duodenale.
" 11. Pineapple fibres.
" 12. Unicinaria duodenale.
" 13. Oxyuris vermicularis.
" 14. Trichocephalus dispar.
" 15. Pineapple fibres enlarged.
" 16. Anchylostonum duodenale.

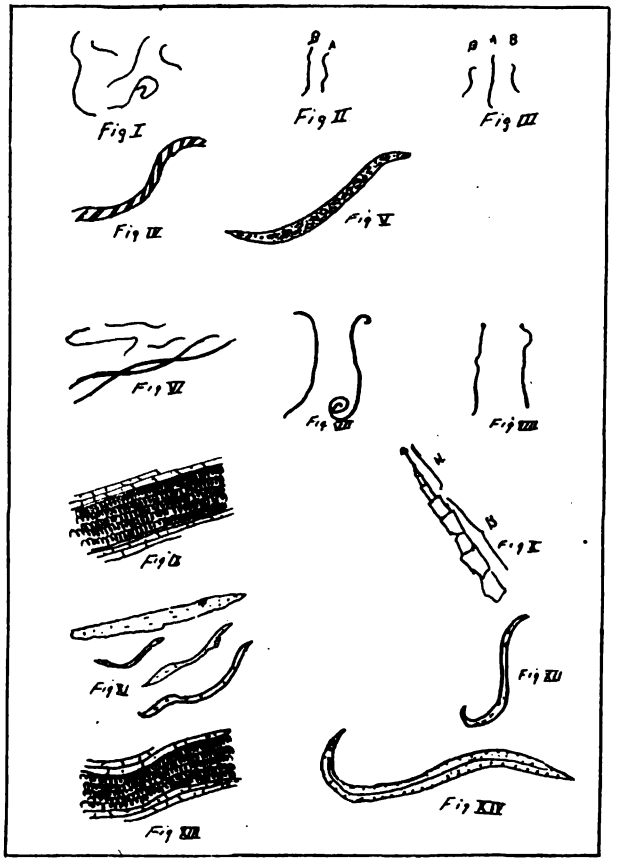

Plate No. 2.

Figure 1. Thread.
" 2 Uncinaria duodenale.
" 3. Oxyuris vermicularis.
" 4. Thread enlarged.
" 5. Uncinaria duodenale enlarged.
" 6. Celery fibres.
" 7. Ascaris mystax.
" 8. Dipylidum canina.
" 9. Celery enlarged.
" 10. Dipylidum caninum enlarged.
" 11. Sauer kraut.
" 12. Ascaris mystax.
" 13. Sauer kraut enlarged.
" 14. Ascaris lumbricoides.

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of age who had been passing material of this kind for some time, but according to the mother not as frequently at the time of examination as formerly, as only a few were passed about two days before the new moon. The mother stated that a day or two before the worms appeared in the stool the child's sleep was much disturbed and he became very restless, also the nutrition of the child was quite markedly affected, and various symptoms were marked. In this case the stool seemed to be covered with the material according to the doctor, who sent only the characteristics to the laboratory with the hope that the laboratory could find a name for them.

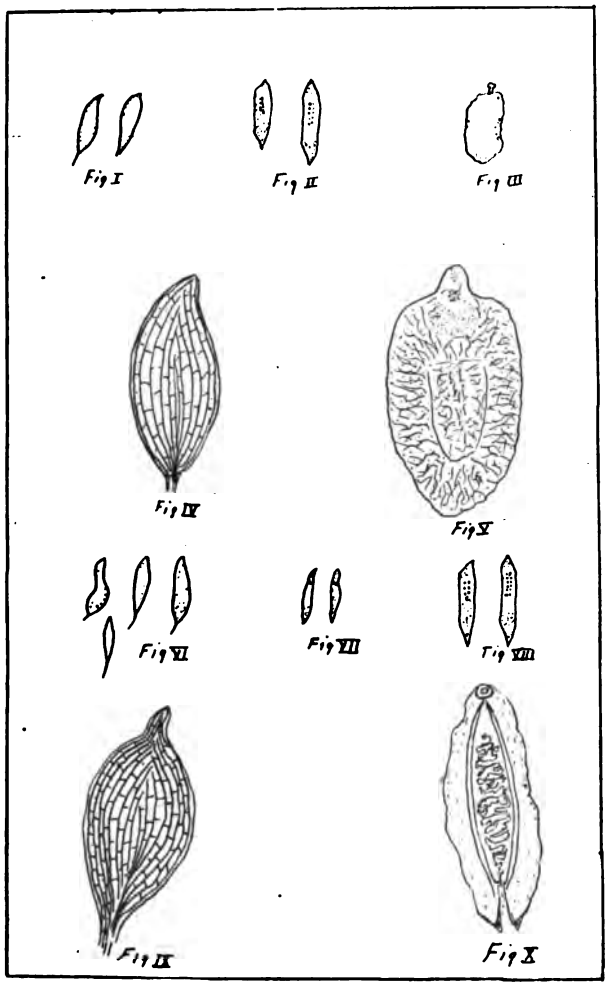

Plate No. 3.

Figure 1. Orange cells.
" 2. Distoma spatulatum.
" 3. Distoma hepaticum.
" 4. Orange cells enlarged.
" 5. Distoma hepaticum enlarged.
" 6. Lemon cells.
" 7. Distoma lanseolatum.
" 8. Distoma spatulatum.
" 9. Lemon cells enlarged.
" 10. Distoma spatulatum enlarged.

Diagnosis.

The symptoms are never sufficient for diagnostic purposes. Only by finding them in the fæces and by a microscopical examination can we determine positively the presence of the banana shreds. This with the aid of a history of the case will make your diagnosis.

Differential Diagnosis.

From the tænia nana, which is of the thickness of sewing thread, the body is filiform, gradually tapering into the neck; head obtuse anteriorly, with almost globular suckers and pyriform rostellum, armed with a crown of bifid hooks. It is from five to forty-nine m.m. in length and .7 m.m. in breadth, and has about one hundred and fifty to two hundred segments. From the tænia diminuta, hymanolipsis diminuta (Rudolphi), whose heads are conical, have suckers situated anterorly, necks long and slender, segments with obtuse angles, length always remaining greater than their width, 100 m.m.

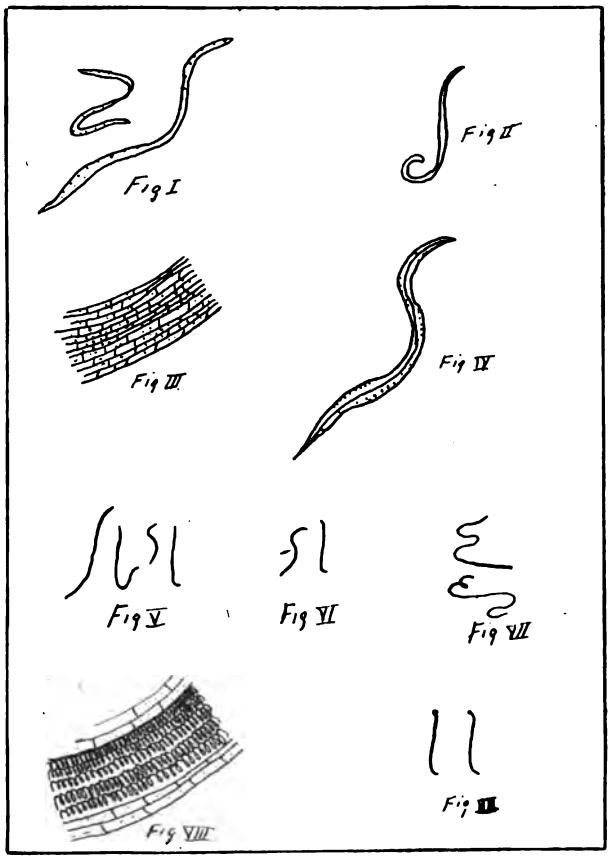

Plate No. 4.

Figure 1. Onion fibres.
" 2. Ascaris mystax.
" 3. Onion fibres enlarged.
" 4. Ascaris lumbricoides.
" 5. Rhubarb fibres.
" 6. Oxyuris vermicularis.
" 7. Trichocephalus dispar.
" 8. Rhubarb fibres enlarged.
" 9. Dipylidium caninum.

long, 1 to 4 m.m. broad. Often occurs in segments so very different of diagnosis.

Banana Fibres.

May be able to distinguish the parenchyma cells, which can be recognized by the reaction for cellulose, which consists in a purple reaction or coloration produced by a solution of zinc chloride when it is allowed to act on cellulose, which has previously been treated with Gram's solution. This cannot be obtained if they have all undergone a change to lignin. Lignin turns a violet red when treated with an alcoholic solution of phloroglucin and

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Hcl. Also takes a bright red color when treated with saffron.

Orange.

With the orange we find a resemblance to the trematodes. The orange is made up of a great number of small cells, lanceolate to oblong oval in shape, size from 15 to 30 m.m. long and 4 to 8 m.m. wide. These are best brought out by separating the orange into its different sections or carpels and removing from the section the transparent covering which seems to hold these many pulp cells together. Each section will be found to consist of a great number of pulp cells compactly arranged. This was placed in a solution of potassium hydrate, five per cent., or plain water, and readily separated with needles into the separate cells which are nearly transparent. In the ingestion of the orange the covering of the different sections was not removed, but a large number of oranges were eaten. On subsequent examination of the fæces they could not readily be found, but upon examination of the stomach contents these cells were found and much resembled the liver fluke, opisthorchis sinensis, opisthorchis noverca, fasciola hepatica.

Leuckart has reported a case of orange cells being mistaken for a parasite.

Stiles reports pieces of partially digested orange sent in as liver flukes by physicians, pathologists and boards of health. One case has come within my knowledge.

Diagnosis.

Diagnosis can only be made by microscopical examination and by tests for vegetable cells mentioned before. On microscopical examination the double contour of the cell wall can be brought out with the corresponding parallel cell wall and the absence of the oral suckers and mouth.

Differential Diagnosis.

Opisthorchis sinensis, 10 to 20 m.m. long, 2 to 5 m.m. broad, oval sucker larger than ventral acetabulum, which is on the border of the first and second fourth of the body. Skin has no spines. Pharynx globular, 22 m.m. in diameter. Oesophagus 17 m.m. long. Bifurcation of intestines nearer to oval sucker than acetabulum.

Opisthorchis noverca, 9 to 12.5 m.mfl long, 2 to 5 m.m. broad. Oral sucker terminal, ventral acetabulum much smaller than oral sucker, distance between two equal to about one-eighth of the length of body, the acetabulum being rather near the bifurcation of the intestines. Skin thickly beset with spines, pharynx large, œsophagus apparently absent.

Fasciola hepatica, 18 to 51 m.m. long, 4 to 13 m.m. broad. Oral sucker 1 m.m. in diameter, round terminal. Ventral acetabulum about 1 to 6 m.m. wide, 3 to 4 m.m. caudal oral sucker. Spines on skin arranged side by side in alternate rows. Bifurcation of the intestines is immediately anterior to genital pore.

Lemon.

The lemon is very similar to the orange, and differs only in the arrangement of cell contents, which can readily be seen from the drawings and by examination under the microscope. The lemon is composed of a great number of pulp cells compacted together and divided up into sections or carpels slightly different from those of the orange. These cells can readily be obtained by cutting the lemon, opening and taking out a section. These if placed in potassium hydrate or water can readily be separated into the individual cells, which are from 10 to 25 m.m. long, and 4 to 8 m.m. broad. They are lancelote in shape, almost entirely with a pointed head and a tail, which varies in length or may be absent. They are nearly transparent, and if separate are nearly flat. The experimental work was similar to that done with the orange. These cells, like those of the orange, macroscopically resemble the opisthorchis noverca, fasciola hepatica and opisthorchis sinensis. It can be differentiated from them, however, by examination under the one-sixth power of the microscope, it being composed of a double cell wall with the cell structure inside. It contains no mouth or oral sucker, intestines or acetabulum, and may give the reaction if tested for vegetable cells.

Celery.

The part of the celery which may be mistaken for animal parasite is found in the fibro-vascular bundles, which can be readily seen in a cross section of the stalk. In experimenting on the celery it was first masticated, then placed in a glass dish and exposed to the air, later being treated with potassium hydrate, which tended to separate the band-like elements, which usually resist digestion, from the remaining soft cells. It was found that the fibro-vascular bundles extend vertically and run the length of the stalk. They are found scattered at irregular intervals, mostly at the periphery, and have a yellow color.

Large quantities of celery were eaten, taken large mouthfuls at a time, with subsequent examination of the stools. Upon macroscopic examination of the stools, which were of a light yellow, pasty character, long yellowish-white shreds were found resembling worms. They were from 10 m.m. to 100 m.m. in length, the average being 20 to 75 m.m. long, and 2 to 3 m.m. broad. They were whitish or yellowish in appearance. The length of these is due to the fact that in eating the celery, when one takes a bite he draws these fibro-vascular bundles out to quite an extent before they break off. These celery shreds mocroscopically greatly resemble the ascaris mystax, oxyuris vermicularis, uncinaria Americana (Stiles), trichocephalus trichuirus, dipylidium canium.

Single fibres of the fibro-vascular bundles microscopically may resemble the tænia nana and diminuta or segments of others. So it can readily be seen how, if a patient was found who complained of pain, tenesmus, and especially a violent tickling in the anus and its neighborhood, excitation of the sexual organs, or any of the symptoms named under the banana, and finding these fibro-vascular bundles of the celery which so closely resemble the different parasites named, a mistake in diagnosis could readily be made.

Diagnosis.

Diagnosis can accurately be made by examination under two-thirds power of the microscope. The band-like element resembling the parasites will be

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seen to be composed of fibres which have a spiral arrangement. These fibro-vascular bundles generally contain from 10 to 30 fibres. They also have a double contour which will readily distinguish them. By testing for cellulose further evidence that they are vegetable fibres can be obtained.

Differential Diagnosis

Ascaris mystax, 45 to 60 m.m. in length. The head is pointed and provided with wing-like projections. It has three lips which are provided with suckers and tail. It is cylindrical in shape.

Oxyuris vermicularis, 10 m.m. long. On the head are three lip-like projections with lateral cuticular thickening. The tail has six pairs of papillæ.

Uncinaria Americana, 12 to 18 m.m. long. Body cylindrical, mouth cavity is provided with two pairs of semilunar plates instead of ventral teeth A dorsal conical tooth projects prominently into the buccal cavity. Vulva situated in front of posterior third of body in females.

Trichocephalus trichiuris, 40 to 50 m.m. in length. Oval, 50 to 54 micron. long, 23 micron. in diameter. In each pole is a projection which is lighter than the dark-brown shell.

Dipylidium caninum, 35 m.m. long, 3 m.m wide. Head is small, somewhat rhomboidal in shape, with a projecting rostellum which bears three or four circles of hooks. The proglotoids are 6 to 7 m.m. in length and sausage shape, with the genital pores symmetrically arranged on either side.

Onions.

The onion again affords us a chance for mistaken diagnosis, onions being a favorite food with certain classes. For this purpose I used the common red onion (Alium cepa).

In a cross section of an onion dark portions of a yellowish color or denser structure exist. It is these parts which are less acted upon if an onion be cut up, exposed to the air, and, later, placed in potassium hydrate solution, five per cent Near the center and between the different layers will be found what are undoubtedly the roots, and other parts, yellow in color, which undoubtedly become the stalk. These parts are but slightly acted upon by air and potassium hydrate.

In eating the onions they were taken raw, cut into sections, quite a quantity being eaten at the time. Upon subsequent examination of stools large fibres were found resembling worms also parts of the outer layer or skin composed of parenchyma cells were found on microscopic examination. These fibres of the onion found were whitish in color, but stained slightly by the stools, which were yellowish brown in color and pasty in consistency. In length they were from 40 to 100 m.m., and in breadth 3 to 4 m.m., tapering at both ends, and greatly resembling the ascaris lumbricoides in microscopic appearance. The small fibres may resemble the ascarius mystax or anchylostomia duodenale. The presence of these fibres, together with the symptoms similar to those caused by the nematodes, namely, disturbance of the gastric intestinal tract, disturbances of nutrition and nervous symptoms, make a correct diagnosis difficult without the aid of the microscope. Upon microscopical examination the onion fibres are found composed of fibro-vascular bundles, all parallel to each other. The contour of the cell walls can readily be seen, and it will most generally give the reaction for cellulose.

Differential Diagnosis.

Ascaris lumbricoides has head consisting of three projections or lips provided with suckers. The tail end of the male is rolled up on its ventral surface like a hook, and is provided with papillæ. No cell outline and no vegetable cell reaction.

Ascaris mystax is similar to the ascaris lumbricoides, only smaller. The head has wing-like projections, which marks a difference. No cell outline is seen. It gives no reaction for cellulose.

Anchylostomum duodenale (Dubini). Length. 10 to 18 m.m. Its head is turned toward its back. The mouth capsule is followed out and surrounded by four teeth. The tail of the male forms a three-lobed bursa.

Sauer Kraut.

This is a very common article of diet, especially among the German, Dutch and Bohemian population of our country, and for this reason I selected it for study. I found on taking the kraut as found in the stores, exposing it to the air and potassium hydrate, that it turned a slightly yellow color, and that the thick white portions were little affected. I made mounts of the thinner portions, which were easily affected by the treatment. The whiter, firmer portions were little affected by treatment. This kraut had evidently been cut up by a machine, which left it in long shreds. Upon microscopical examination of these mounts, the structure of the kraut was seen to consist of cells running parallel, while in places spots were seen which were yellow in color and seemed to be composed of granular material. These mounts were saved for reference.

In experimentation I ate a large quantity of the kraut, chewing some portions more than others. The kraut used I obtained from a grocery store, being the same as used in the preparation of mounts. Examining the fæces microscopically, I found these shreds of kraut little affected by digestion, resembling some of the parasites. These shreds of kraut were about 1 to 5 m.m. wide and 25 to 100 m.m. long. They were white in appearance, being stained but slightly by the digestive fluid. They closely resmbled a worm and might be mistaken for the undeveloped ascaris lumbricoides, ascaris mystax or uncinaria Americana.

So I have thought that a patient presenting digestive symptoms, loss of nutrition and local irritation of the anus, and finding in the fæces these shreds of kraut, might mislead his physician unless the latter made a careful examination of the imaginary parasites. However, upon examination the kraut fibre will be found quite firm on pressure, and when placed under the microscope will be seen to consist of vegetable cells, oblong in shape and arranged parallel to each other. These cells are almost transparent except in places where are seen areas which are yellowish in color. The contour of the cell wall will be readily seen. The absence of any of the animal characteristics will identify it as of vegetable origin and a pseudo-parasite simulating the different animal parasites named, all of which

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differ in having the animal characteristic and not giving the reaction for cellulose.

Dates.

With dates the same method was pursued as with the others. The parts which may be mistaken are to be found in the thick whitish covering of the seed, scleranchyma cells, fibro-vascular bundles and the skin. A date was taken and the pulp separated from the skin. The skin was placed in potassium hydrate, five per cent.. The pulp was also separated from the seed and its covering, which quite often somes with the pulp. This covering or sclerenchyma cells was placed in potassium hydrate and all pulp removed. This was then teased out with needles into small white bands. These bands when examined under the microscope were seen to consist of fibro-vascular bundles. For the experimental part I ate a large number of dates, and subsequently examined my stools. Upon macroscopic examination the white tough bands or portion of the skin covering the seeds were found with a needle. These varied in size from 20 to 30 m.m. long, and from one to several cells wide. These fibre-like portions of the skin, when examined under the microscope were found to consist of sclerenchyma cells running parallel to each other and slightly darkened. Upon placing a thin film on a slide I found many of the single fibro-vascular bundles, which showed that these had become separated in passing through the gastro-intestinal tract. The larger portion closely resembled the segments of tape worms, the arrangement of the fibro-vascular bundles being much like that of the segments. Upon microscopic examination they closely resemble segments of tape worms or small worms themselves. If found in connection with the symptoms caused by parasites they might readily be taken for the cause of the disturbance, when, in fact, they were not. I found the date skin also to be rolled up in sections, which microscopically, might be misleading. I have found that the date elements may simulate several of the parasites, namely, oxyuris vermicularis, tænia nana and diminuta. The skin resmbles the fasciola hepatica. However, the fibres of the date are readily recognized upon microscopic examination with the high power. The spiral arrangement of the fibro-vascular bundles, the characteristic cell wall of plant structure can readily be made out. The reaction for cellulose will not be found, but that for lignin will, as the fibro-vascular bundles and sclerenchyma cells have undergone a change to lignin. These points should be sufficient for a diagnosis. The characteristics of the oxyuris vermicularis, tænia nana and diminuta, have all been given before and need not be repeated here. Suffice to say that the presence of a mouth with various arrangements of suckers and an intestinal tract show it to be an animal parasite. The skin of the date, if carefully examined, can readily be detected to be of vegetable origin. It will be found, upon microscopical examination, to be composed of parenchyma cells nearly transparent, containing no mouth, hooklets or suckers, and readily giving the reaction for cellulose.

Oatmeal.

This I thought ought to be mentioned, as a case was brought to my knowledge in which the shell of the oat after passing through the digestive tract was mistaken for segments of worms.

For the experimental work the bulk oatmeal of the store was taken and prepared by the cook as it is commonly eaten. A large quantity of the cooked oatmeal was eaten and examination of the stool made. There were readily visible in the stool small white particles, soft in consistency and closely resembling segments of a tapeworm. They were from 1 to 4 m.m. long and from 5 to 1.5 m.m. wide. Many were elliptical in shape, while others were rectangular. These might readily be mistaken for segments of the tænias or their eggs. However, upon microscopical examination their vegetable character was readily seen in the cellarrangement, and this with the test for cellulose was found sufficient for a differential diagnosis.

Thread.

Witht thread I used the common white sewing thread kept by all housekeepers and seamstresses. I took different sizes, using No. 40 and 60 of the fine, and No. 8 of the coarse. These I ate mixed up with food. Various lengths of the different sizes were used. With the thread I made no fresh preparation. I simply examined the fæces for the thread I had previously ingested. These threads appeared in the stool but little altered, being slightly discolored by the fæcal contents. These I readily obtained from the fæces by washing. Many were obtainable with a needle without washing, being readily visible in the fæces as passed and very closely resembling worms. The large thread, upon careful microscopical examination, could readily be distinguished from worms or parasites because of their division at the ends. The smaller number I found closely resembling the thread worms oxyuris vermicularis, ascaris mystax, dipylidium canium, trichocephalus, trichiurus, uncinaria duodenale.

Undoubtedly women and also tailors will be found to be affected with this pseudo-parasite. Women in pulling out basting threads or biting off the ends after tying a knot, and tailors who do the same, often swallow these portions of thread, so that their presence in the fæces might lead to a mistaken diagnosis. Tailors and seamstresses are prone to digestive disturbances, lack of nutrition and nervous symptoms. So I think a mistaken diagnosis can readily be made, mistaking the thread so ingested for several of the different parasites. The thread if examined under the microscope—and this is the only sure way of diagnosis—will be seen to be composed of small fibres twisted in the spiral manner. No head, sucker, mouth or intestinal tract will be found. In length they will be found to be from 10 to 75 m.m. long and .2 to 1 m.m. wide, and of nearly uniform size, opaque and giving no reaction for cellulose.

Points in diagnosis will be the spiral arrangement of the fibres, the absence of cell walls, the firm consistency if pressed upon, the uniform size, and the lack of mouth, intestinal tract and appendages of the animal parasites. Its failure to give the vegetable cell reaction will lead to its detection The characteristics of the oxyuris vermicularis, ascaris mystax, have been given.

The dipylidium caninum is 15 to 35 m.m. long and about 1.5 m.m. wide. The head is small rhom-

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boidal in shape, with a projecting rostellum which bears three or four circles of small hooks.

The trichocephalus trichiurus is 40 to 45 m.m. in length, with the posterior half of the body tapering into a long filament.

Rhubarb.

The stalk of the rhubarb is quite similar to that of the celery, and is composed of parenchyma cells, among which are the fibro-vascular bundles. A cross section shows the number and arrangement of the fibro-vascular bundles, which contain from six to eight ducts.

I took a stalk of rhubarb, peeled it and exposed it to the action of light, air and a five per cent. solution of potassium hydrate, to better bring out these fibro-vascular bundles. These fibro vascular bundles resisted the action of light, air and potassium hydrate more than did the parenchyma cells, which were separated and partially destroyed. These fibro-vascular bundles were easily separated, and then examined under the microscope, when they appeared to consist of ducts arranged in the characteristic spiral manner.

In the experimental part I ingested a large quantity of the cooked rhubarb and subsequently examined my stool, in which I found many shreds of dirty white color. The macroscopical appearance of these markedly resembled some of the worms. These shreds resembling worms were 10 to 20 m.m. in length and 2 to 3 m.m. wide. These, after being washed, were examined under the microscope, and found to consist of fibro-vascular bundles with a few attached parenchyma cells. The fibro-vascular bundles were composed of four to five ducts, the other portion could not be seen. These ducts had the spiral arrangement which characterized them all.

These shreds of the rhubarb much resembled, in macroscopical appearance, the oyxuris vermicula, uncinaria Americana (Stiles), uncinaria duodenale, trichocephalus trichinus. All of these different species above mentioned have been previously described in this thesis, hence need no further elaboration at this point.

The fibro-vascular bundles of the rhubarb can be readily recognized as such under the microscope, where they are shown to be vegetable by the double cell wall and the reaction given for lignin, also the absence of all animal properties.

Pineapple.

The pineapple is another fruit upon which experiments were made.

First. To determine the gross and microscopical appearance of the raw material, a longitudinal section was made of the pineapple. This showed it to be composed of parenchyma cells and fibro-vascular bundles, these bundles having a certain arrangement running from the periphery toward the center, and then, ascending, formed the center or core. Being exposed to the air and placed in a five per cent. solution of potassium hydrate, these fibro-vascular bundles were readily seen. I separated them by the use of a needle from the softer and partially separated parenchyma cells, and examined them under the microscope. They were found to resist the action of light, air and the potassium hydrate much more than did the parenchyma cells, which had a tendency to separate. Microscopical examination showed these fibres to consist of four or five fibro-vascular bundles surrounded by one or two layers of parenchyma cells arranged parallel to each other.

Secondly. To determine the result of ingestion of the fruit, large quantities of longitudinal sections were ingested. Grated pineapple was also ingested. The process of grating separated the softer parenchyma cells from the fibres or shreds. These small shreds were found in the fæces upon subsequent examination. They were quite numerous, and I found them to be but slightly affected by the action of the digestive juices. They were of a whitish color, and varied in length from 5 to 50 m.m. in length, and from 1 to 3 m.m. in width. In many cases the ends were curled up.

These fibres in gross appearance might readily be mistaken for the oxyuris vermicularis, ascaris mystax, trichocephalus, trichiurus uncinaria (Americani and duodenale), dipylidium caninum. They were readily separated from the fæces and mounted in glycerine for microscopical examination. They were found to consist of four or five fibro-vascular bundles arranged in a parallel manner, and a few parenchyma cells attached at the sides. These gave a good reaction for cellulose when treated. Microscopical examination showed that these shreds of fibres of pineapple were readily differentiated from true parasites. The vegetable characteristics were brought out by the one-sixth objective, showing the presence of fibro-vascular bundles, parenchyma cells and the reaction of cellulose. However, if a patient had the symptoms produced by the presence of the nematodes and these shreds of pineapple were found in the fæces, unless a very careful examination were made with the one-sixth objective of the microscope, the physician might be led to mistake them for any of the above mentioned parasites. The resemblance of the pseudo to the real parasites may be seen by the accompanying drawings.

Societies.

THE SIXTY-SECOND ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY: THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

The sixty-second annual meeting of the American Institute of Homœopathy convened in America's greatest summer resort, Atlantic City, N. J. September 10, 1906. The meeting was called to order at 3 o'clock P. M., by President W. E. Green, of Little Rock, Arkansas. Calling Vice-President Dewey to the chair Dr. Green delivered his address, in which were suggestions as to the future business policy of the Institute, with several references as to how to maintain and perpetuate its cause, dwelling at length upon managing the organization of the same, and second, as to its finances. He believed that a journal devoted not only to the interest of its members, but to the whole homœopathic profession of the United States and Canada, and to be distributed to all, members or not, extending at the

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same time invitations to join the society, would be a desirable venture for the Institute.

As to the question of amalgamation the president believed that there was no danger of such at the present time, and that when the last physician existed on the earth he would be practicing according to the law of similars.

Referring to our medical colleges, he attributed their decline to the half-hearted support they were receiving from the physicians. He went over the old story of the demand for homœopathic physicians not equalling the supply. He urged upon every homœopathic physician present to take a personal interest in the matter, and to send each year at least one student to one of our medical colleges. He endorsed heartily the proposition to establish post-graduate colleges, which was advocated last year by President Royal.

As to reciprocity he believed that the diploma should entitle its holder to practice in every State in the Union. He thought it would be best to have a national board of examiners; but, as according to the Constitution, this cannot be, he endeavored to impress the fact that reciprocity was our salvation.

As to the question of proving, he advocated a thorough reproving of our drugs according to scientific principles, and urged that the Institute do this, and suggested the starting of a subscription list to obtain finances to carry out the same. He believed that the incorporation of the Institute was necessary to carry out the business methods recommended. He urged upon the members in view of the disaster that fell upon our brethren to support with voluntary contributions the Hahnemann Hospital of San Francisco and the Pacific Coast Journal of Homœopathy by sending subscriptions thereto.

He spoke, in closing, upon the good work done by Dr. J. Richey Horner, as secretary in taking the place of Dr. Gatchell who had resigned.

After the address, Vice-President Dewey appointed as a committee on the president's address, Drs. J. C. Wood, of Cleveland, O.; O. S. Runnels, of Indianapolis, Ind., and C. E. Sawyer, of Marion, O. After this came the report of the Executive Committee, adoption of the order of business, and the report of the committee of local arrangements, by Dr. J. R. Fleming, who gave the members to understand that they were to have the best that the city afforded during their stay.

The committee on publication and the press committee and the board of censors also reported. The remaining part of the meeting was devoted to the necrologist's report and the memorial exercises.

The report of the treasurer showed a flourishing condition in the finances of the Institute, there being a balance on hand of $2,518.44.

Memorial Exercises.

On Monday following the business session, were held the memorial exercises, which were opened with the report of the necrologist, Dr. E. H. Pratt, who succeeded Dr. C. B. Kinyon, the latter, who, by unavoidable absence from the meeting, had resigned. The exercises were held in memoriam of the following members of the Institute, who had died during the year: Dr. Hasbrouck, of Brooklyn; Dr. Gilchrist, of Iowa City, and Dr. Baldinger, of Cleveland, O. The addresses were made by Drs. John L. Moffat, George Royal and H. F. Biggar, respectively.

The Opening Exercises of the International Homœopathic Congress.

The opening exercises of the International Homœopathic Congress were held in the ball room Monday evening, September 10th, at 8 P. M. The call to order was made by the president of the Congress. The addresses of welcome were given by Dr. J. R. Fleming, chairman of the local committee; his honor, the Honorable F. P. Stooy, mayor of Atlantic City, and Dr. W. E. Green, President of the American Institute of Homœopathy. The reply was made to these addresses of welcome by the Honorary President of the Congress, Dr. John H. Clarke, of London, whose subject was a most happy one, fitting for the occasion, and made every one feel that he was, as we have seen stated somewhere, "the most American of our English confreres.' Dr. Clarke has endeared himself to American Homœopathy not only by his able editorship of the London Homœopathic World, but also by his contributions to our materia medica, which are the most notable that have appeared in recent years from any hand.

The final address of the evening was given by Dr. Chas. E. Walton, of Cincinnati, O. To speak of an address made by Dr. Walton to any audience would be a useless task. It was a speech full of wisdom, truth, science and erudition. For over a half hour he held the happy and fashionable audience assembled with an interest that few speakers can command. He made a very strong case against the combination tablets, and spoke of the half truths in our college announcements, when the whole truth would answer so much better.

Orchestral music was rendered and also selections by the boy choir of the Ascension church of Atlantic City, which were highly appreciated by the audience.

Following these exercises there was held a reception by the local committee and the officers of the Congress, after this a grand ball was given by the local committee.

The Business Session of the Second Day.

The business session of the second day was devoted principally to reports, and the chief one of these was that of the Journal Committee, who advocated the establishment of an Institute journal. Dr. Clarence Bartlett, editor of the Hahnemannian Monthly, of Philadelphia; while apparently speaking in favor of an ultimate establishment of a journal, gave facts and figures in an able way showing the unfeasibility of such a project at the present time. In fact, his argument strengthened greatly the cause of those who might be termed the anti-journal men, who seemed to be in the majority. The question of the final decision was made a special matter of business for Wednesday at 9:30 A. M.

Bureau of Homœopathy and Homœopathic Propagandism.

A fine list of papers was presented showing the condition of Homœopathy in a number of foreign countries, and among the important papers were that of Dr. J. H. Clarke, of London, showing the work of the Cooper Club of that city; that of Dr. Royal, advocating that Homœopathy be designated

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a system of medicine rather than a system of therapeutics, giving as one important reason the mistaken impression that sometimes prevails that Homœopathy was a system of theraputics alone, nothing else being essential; that of Dr. Charles Woodhull Eaton, of Des Moines, on the future of Homœopathy, advocating energeticaly the extension of propagandism to secure students for our colleges, either by the circulation of literature or the employment of a field secretary. As a crowning finale came the excellent paper of Dr. James W. Ward, of San Francisco, Chairman of the Bureau, on Homœopathy in Surgery, in which was most ably set forth the benefits of homœopathic therapeutics to the surgeon before operations, after operations and as a potent means of combatting complications of all kinds. The doctor showed conclusively that there is such a thing as a homœopathic surgeon, and that he posseses in his therapeutics a something more than is possessed by the surgeon of any other school of medicine.

All these papers were ably discussed, and all showed a homœopathic staunchness that gave renewed hope to all present. Dr. George Burford, of London, in his discussion of Dr. Ward's paper, paid a well deserved compliment to that able and interesting writer.

The Business Session of Wednesday.

After the usual report of the Board of Censors, the election of new members, the report of the committee on president's address, etc., came the special order of business set for the morning, the question of establishing an Institute journal. Addresses were made for the project by Dr. B. F. Bailey, of Lincoln Neb., and Dr. C. E. Sawyer, of Marion, Ohio, and others; against the project by Drs E. H. Porter, of New York; C. E. Fisher, of East Radford, Va., and J. H. McClelland, of Pittsburg, and R. S. Copeland, of Ann Arbor. The sentiment of those present was overwhelmingly against the establishment of a journal, and after some further discussion an endeavor was made to continue the committee another year; but this, too, failed, and the whole matter was laid on the table by at least a seven eighths majority vote. It certainly proved the contention of the Medical Century that the establishment of a journal of the Institute at the present time would receive anything but the unanimous support such a venture should have. Other committees reported, and the session adjourned.

The following is the

Report of Committee on President's Address.

Your committee would report endorsing President Green's suggestions that business methods are absolutely imperative if the Institute is to live and prosper. The Institute has too long lived in the past and on the reputation it has made. It seems necessary to your committee that the recommendation of the president in order to put in operation better business methods regarding the journal be adopted. After due consideration we feel that an Institute journal aggressively conducted can be made a power in the advancement of Homœopathy and all that pertains to it. Your committee has given due consideration to the effect that an official journal might have upon the existing publications in the homœopathic school. We feel that instead of being a detriment to such journals it will be helpful. The homœopathic journals cannot exist without homœopathic patronage, and if homœopathic patronage is to be maintained, homœopathic interests must be subserved and homœopathic colleges supported. Your committee feels that in order to secure such patronage organization is absolutely necessary, and organization without an official journal does not seem feasible. Your committee, therefore, recommends that as soon as expedient the transactions be published in journal form.

Your committee also endorses most emphatically what President Green has to say regarding the cooperation of the profession and the securing of students for homœopathic colleges. If each member of the Institute would make an effort to secure a bright intelligent homœopathic student, it requires neither a prophet nor the son of a prophet to see that the success of Homœopathy would be assured Your committee also endorses what President Green has to say regarding amalgamation. We feel that the homœopathic physician should be above all else broad, liberal and receptive. We feel that it is only a matter of time before the law of similars will become the working law of therapeutics in all schools of medicine. However, we feel that there is much hard and conscientious work yet to be done by the homœopathic profession itself before the dominant school is ready to accept that law. At the present time amalgamation is not a question of expediency; on the contrary, the maintenance and distinct organization on the part of Homœopathy is a question of necessity.

Your committee congratulates Dr. Green upon the business methods recommended in his address, and commends it most heartily to the Institute.

James C. Wood,
C. E. Sawyer,
O. S. Runnels.

The Bureau of Materia Medica and Therapeutics.

This was one of the best attended sessions under the auspices of the Congress. It was full of fine papers, the discussions were fruitful, and every one present was enthused with the tendency exhibited to advance and protect our system of medicine before all others. One of the chief papers was that of Dr. John H. Clarke, of London, on the Essentials of a Homœopathic Materia Medica. Another was Homœopathy and Posology, by Dr. R. S. Copeland, of Ann Arbor. Another on Tabacum, by Dr. Charles Mohr, of Philadelphia. This paper created quite a sensation, especially in the daily papers. Dr. T. H. Carmichael brought in a plea for an international homœopathic pharmacopœia, which was heartily endorsed by Dr. James Searson, of London. Papers were also read by Drs. Hawkes, Aurand, Allen, Dewey, Geohegan, Blackwood, Bellows and others. It was a successful bureau throughout.

The Committee on Drug Proving.

Several meetings of this committee were held during the session. The new blanks were adopted, the finances carefully audited, and a drug was chosen for the provings which are to be conducted

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the coming year. Reports were also made to the committee of work done the past year.

New Corresponding Members.

A number of corresponding members of the American Institute were added. Our foreign confreres selected at this time to honor our society and be in turn honored by it were Drs. J. Galley Blackley, John H. Clarke, George Burford, E. A. Neatby and C. Knox Shaw, of London, England; W. K. Bouton, of Melbourne, Australia; Dr. J. N. Arriaga, editor of La Homœopatia, of the City of Mexico; Drs. Leon Simon and Francois Cartier, of Paris; Dr. Leon Brasol, of St. Petersburg.

Election of Officers.

The election of officers resulted as follows:

President, Dr. Edward B. Hooker, Hartford, Conn.

First Vice-President, Dr. James W. Ward, San Francisco, Cal.

Second Vice-President, Dr. W. E. Reily, Fulton, Mo.

Secretary, Dr. Frank Kraft, Cleveland, O.

Treasurer, Dr. Thos. Franklin Smith, New York.

Registrar, Dr. J. H. Ball, Bay City, Mich.

Necrologist, Dr. C. B. Kinyon, Ann Arbor, Mich.

The Bureau chairmen appointed by President Green were the following:

Materia Medica, Dr. V. H. Hallman, Hot Springs, Ark.

Homœopathy, Dr. Wm. Boericke, San Francisco, Cal.

Clinical Medicine, Dr. C. E. Sawyer, Marion, O.

Pædology, Dr. H. H. Baker, Chicago, Ill.

Sanitary Science, Dr. E. H. Porter, New York, N. Y.

For chairmen of the various committees the following were selected:

Medical Examining Boards, Dr. H. E. Beebe, Sidney, O.

Memorial Services, Dr. C. B. Kinyon, Ann Arbor.

Homœopathic Pharmacopœia, Dr. T. H. Carmichael, Philadelphia, Pa.

Press, Dr. Wm. R. King, Washington, D. C.

Resolutions, Dr. B. F. Bailey, Lincoln, Neb.

Transportation, Dr. W. O. Forbes, Hot Springs, Ark.

Organization, Registration, Statistics, Dr. T. Franklin Smith, N. Y.

Publication, Dr. C. Bartlett, Philadelphia,, Pa.

Clinical Research, Dr. Walter Wesselhœft, Cambridge, Mass.

Hahnemann Monument, Dr. J. H. McClelland, Pittsburg, Pa.

Intercollegiate Committee, Dr. N. B. Delamater, Chicago, Ill.

Interstate Committee, Dr. J. B. Gregg Custis, Washington, D. C.

Committee on Conference with International chester, N. Y.; Dr. H. C. Allen, Chicago, Ill.; Dr. W. R. King, Washington, D. C.

International Bureau of Homœopathy, Dr. W. A. Phillips, Cleveland, O.

The Interstate Committee.

The most praiseworthy action of the interstate committee consisted of a notice to change the By-Laws of the Institute to permit members eligible to membership or members of smaller district and local societies to become members of the Institute. This doing away with the actual prerequisite of State society membership is a decidedly popular idea. Indeed the motion to suspend the By-Laws to make it operative at the present meeting received not only the necessary two-thirds vote, but passed unanimously. A diploma from a college recognized by the intercollegiate committee will be sufficient for eligibility for membership where no societies exist.

The Business Session of Thursday Morning.

The session of this morning was presided over by Vice-President Dewey. Ater hearing the customary reports the Institute proceeded to select the place of meeting for 1907. Two places were prominently in evidence, Norfolk, Va., and Oklahoma City, Oklahoma. The former place was championed by Drs. J. B. Gregg Custis, of Washington, D. C, and Dr. C. E. Verdier, of Norfolk, in which an invitation was given the Institute to visit the Jamestown Exhibition, and hold its sessions thereabout. Oklahoma's greatness was upheld by Dr. J. L. Hensley, of Oklahoma City, seconded by Dr. Paull. Dr. Hensley's speech was one of the enlivening features of the meeting, and although no one present had probably thought of Oklahoma City as a possibility for the Institute, the genial doctor's persuasiveness made such an impression that when it came to a vote, owing to the confusion in the room, it was impossible to have a fair count, and a ballot was resorted to, which closed at 1 o'clock, and resulted in the choirce of Norfolk by a small majority. Drs. Hensley and Humphrey made a host of friends, and it is safe to predict that the next far western place chosen will be Oklahoma City. It is a flourishing city of 40,000 people; no modern map is complete without it. Dr. Hensley's speech furnished our foreign brothers an insight into American methods and enterprise, and if they carry nothing else back with them as a result of their pilgrimage they certainly will carry a working knowledge of Oklahoma, our youngest State.

The Interstate Committee reported, and also the Committee on Medical Examining Boards.

The Bureau of Clinical Medicine and Pathology.

Dr. John E. Wilson was chairman of this department, and the papers presented were numerous and high in order. Dr. John E. White, of Colorado, read a paper on the Pathology of Tuberculosis and Its Treatment in High Altitudes, which attracted much favorable comment. Many other papers also furnished much discussion.

The Business Session of Friday Morning.

This session was taken up with various reports. Notices as to proposed change in the By-Laws were given. Dr. B. F. Bailey, presented one looking to the ultimate establishment of a journal. Dr. J. M. Lee presented a resolution looking to union of the Hahnemannian Association with the Institute. A committee consisting of Drs. J. M. Lee, H. C. Allen and W. R. King was chosen to effect this end, and upon motion of Dr. O. S. Runnels the committee were instructed to extend its labors to the O. O. and L. Society. A resolution was introduced

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providing for a change in the Constitution to enable the election each year by the Institute from the Senate of Seniors of two honorary presidents. Dr. W. B. Hinsdale, of Ann Arbor, Michigan, is the father of this excellent idea.

Bureau of Pædology.

Dr. J. P. Cobb, chairman, presented a program for the consideration of tuberculosis in children, which was carried out as far as could be by the members present. A number of fine papers were read.

Bureau of Sanitary Science and Public Health

A number of fine papers were read before this bureau, whose chairman was Dr. John T. Beckwith, of Atlantic City. Included among them were papers prepared under the auspices of the New York State Department of Health. Dr. Henry E. Deane, Co'. of the English Royal Army Medical Corps, gave a paper on Practical Notes on Plague. Dr. E. H. Walcott read a paper on the public school as a factor in spreading contagious diseases. Dr. W. H. Dieffenbach, of New York, spoke of the etiology of cancer.

The Sanitation of San Francisco During the Fire.

One of the chief features of this Congress was the presentation thereto in person of the official report of the work of the sanitary commission of San Francisco during its great disaster. Dr. James W. Ward, of San Francisco, President of the Board of Hea'th of that city, came at great sacrifice of time and expense, almost exclusively, to present to the world this report through the Congress, that the world might rea'ize forcefully that sanitation and municipal health matters are as safe in the hands of homœopathic physician as in other hands. This is proved by the able work of Dr. Ward; it has received praise throughout the entire world, and it is through his untiring energy and his tact that not only an epidemic but unpleasant complications were avoided. Dr. Ward's paper, though unfortunate in not being presented in all its detai s owing to want of proper appurtenances which should have been at hand, was listened to by a large and highly appreciative audience. It was a report of the work of the commission, its difficulties, how they were overcome, etc., and was first given to the wor'd from a homœopathic source.

Closing Sessions.

Nearly fifty were present at the closing sessions of the Institute and Congress, which is an unusual number for the session of Saturday morning. It seemed as if it were hard to have to forego the good things of the week. The genera' sweeping out of corners took place. Some delayed reports, such as that of the Intercollegiate Committee, were called for, but did not materialize. It will undoubtedly appear in the transactions. The Congress Committee gave its final report. The Institute voted that the expenses of the president incidental to his office be paid from the treasury. A vote of thanks was given to the officers, local committee, press, etc. Authority was given the incoming executive committee to change the place of meeting if found necessary, and the meeting adjourned sine die. The closing of the Congress fol'owed after listening to an interesting paper from Dr. Geo. B. Peck. of Providence, R. I. It accepted the invitation of Dr. J. H. Clarke to hold its next session in Egland, and after various complimentary votes adjourned.

The Attendance.

The total number of members registered was 552. Owing to a short supply of visitors' badges it is impossible to know how many were present. The bureau issuing buttons of admission to Young's Pier reported that 806 physicians and 582 visitors were given the fredom of the Pier.

The number of new members admitted at this session was about 150.

The Sectional Societies—The Surgical and Gynæcological Society.

This society held most of its meetings in Young's Hotel, as the roar of the waves (to all a serious objection) interfered with their continuing their meetings on the Pier. A very large number of papers were presented and ably discussed. The paper of Dr. George Burford on Saline Infusion; that of Dr. Horace Packard on Prostatectomy; that of Dr. L. T. Ashcraft on Prostatic Hypertrophy, and that of Dr. Bukk G. Carleton on Tubercu'osis of the Prostate, were especially notable, as was also that of Dr. C. E. Walton, of Cincinnati, as the latter provoked a prolonged discussion. The meeting was an especially good one. The following officers were elected:

President, Dr. Horace Packard, Boston, Mass.

First Vice-President, Dr. Dean T. Smith, Ann Arbor, Mich.

Second Vice-President, Dr. H. E. Baldwin, Elyria, O.

Secretary, Dr. J. W. Hasselr, New York.

Treasurer, Dr. I. D. Buchanan, New York.

The National Society of Physical Therapeutics.

This society held all its meetings in the small theatre on Young's Pier. The president's address dealt with the therapeutics of tuberculosis chiefly. Many fine papers were read and many interesting experiments were performed. The officers e'ected for the coming year were Dr. Hil's Cole, of New York, President, and Dr. J. Boi'eau, of Philadelphia, Secretary.

The Obstetrical Society

Held regular meetings and did good work.

Neurology and Psychiatry.

Many fine papers were presented before this society, and all appeared interested and satisfied.

Entertainment.

The entertainment furnished the members of the Congress and Institute was sufficient to satisfy the most exacting. From the opening ball on Monday evening to the local society's banquet on Friday evening something was going on all the time; to enumerate all would require more space than is at our disposal. The following are some of the more important gatherings:

Hands Across the Sea Dinner.

A most charming dinner was given by Drs. George Burford and J. H. Clarke at the Marlborough-Blenheim to a number of American materia medicists and others. It was one of the pleasant occasions of the week. It was more in the nature of a family gathering, and a happy family it was. It will doubtless be the nucleus of a new so-

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ciety, which shall have "Hands Across the Sea" as printed upon the menu card of this memorable dinner as its motto. Those who were so fortunate as to be present are willing to assert boldly and come forward with proof, if necessary, that there are no better fellows in the world than Burford and Clarke. No speeches were made, but Dr. Burford appointed all present honorary members of the British Homœopathic Society. It was a happy inspiration of these gentlemen, and was highly appreciated by all present.

The Surgeons' Lunch.

A number of surgeons and gynæcologists gave a lunch to Dr. George Burford, surgeon of the London Homœopathic Hospital, and to Dr. James Searson, of London. It was a most happy occasion, and enjoyed by all present.

The Meissen Society,

With headquarters at the Marlborough-Blenheim, provided entertainment for the visiting ladies, giving them rolling chair rides and a deep sea sail tendered especially by Galen Hall. Facilities enabling them also to see the drill of the life saving guards and the United States coast service were furnished. Teas and receptions were given each afternoon from four to five at headquarters. Mrs. H. D. Schenck was president, and it is needless to say that everything was done in its best manner. Mrs. L. Dow Balliett, of Atlantic City, was elected president for the ensuing year, an honor well deserved, as to Mrs. Balliett was due the perfect arrangement of this meeting.

The Unanimous Club Dinner.

A large number of the members and guests of this famous club assembled in one of the fine dining halls of the Marlborough-Blenheim on Thursday evening of the Institute week to take another degree in good fellowship. Even to the New Yorkers and Londoners present the feast served by the management was a marvel of the gastronomic art The editor of the Century was tabled with five of the disturbing elements of the occasion, Dr. E. H. Porter, of New York; Dr. Charles E. Walton, of Cincinnati; Dr. James W. Ward, of San Francisco; Dr. W. W. Van Baun, of Philadelphia, and Dr. James Searson, of London. But inasmuch as he did not have to speak he will merely register his feelings of insignificance surrounded by these luminaries and give a truthful chronicle of the proceedings.

The entertainment furnished by our friends from across the sea at once proclaimed them eligible to membership. Dr. DeWitt G. Wilcox was master of ceremonies. At one time under the hilarious wit of Hooker (you could see by his face he had been favored by fortune and the ballot), the noisiness of Swampsted, and the vocal attunement of Walton Campanini the meeting threatened to break up in infectious disorder. Dr. James Searson, of London, however, saved the night by calling them to order and reading to them a clinical lecture of great worth, thus impressing upon those assembled that they had come to Atlantic City to improve their minds and not for frivolous purposes. Clinical teaching in England follows much the same plan as in America, and the cases presented by Dr. Searson were desperate ones; the treatment given was practical and up to date. and where no treatment was effective, as in that interesting disorder, senile atrophy of the pajama, he plainly said so. The members of the Unanimous Club are familiar with "dire diseases" of all kinds, but were quite unprepared for such learned dissertations upon perforating ulcer of the sock mollites derbii, and prolapsus trowserii, as were presented by the able clinician of the evening. We sincerely hope he will issue a work on practice and dedicate it to the club. If we mistake not some eighty-five were present.

The Alpha Sigma

Fraternity had headquarters at the Marlborough-Blenheim Hotel, and, of course, were well looked after. A smoker was held on Thursday evening, which was well attended; the chief feature of which was the presence of Dr. James Searson, of London, whose success as a clnical lecturer was continued from the Unanimous Club to Alpha Sigma. In fact, his experience is so great that his lectures are veritable mines of inflammation—information, we mean.

The Biggar Banquet.

On the evening of September 10th some twenty-five prominent members of the profession gathered around the festive table to do honor to one of the Nestors of Homœopathy in the West, Dr. H. F. Biggar.

Presiding over the banquet was Dr. M. O. Terry, ex-surgeon general of the State of New York, who was ably seconded by his amiable spouse. To say that the banquet was a success in every particular would not tell the half. After the repast toasts were responded to by Dr. C. E. Walton, of Cincinnati, O.; Dr. E. H. Pratt, of Chicago, Ill.; Dr. O. S. Runnels, of Indianapolis, Ind.; Dr. W. A. Dewey, Ann Arbor, Mich.; Dr. W. E. Green, of Little Rock, Arkansas, and Dr. Wm. F. H. Honan, of New York. Another name graced the program, it was that of Dr. Frank Kraft, of Cleveland, O., but in his place (his absence being caused by illness) a song was rendered by Dr. Chas. E. Walton-Campanini.

The speeches having been made, Dr. Biggar responded charmingly and feelingly to the honors thrust upon him. After which Dr. Horace Packard, of Boston, Mass., in a most eloquent and yet simple manner, presented Dr. Biggar with a beautiful loving cup on which was engraved the presentation to Dr. Biggar, the honors attained by that gentleman and the list of those present on this memorable occasion. The acceptance by Dr. Biggar was in his usual charming manner, followed by cheers and received with considerable emotion. This having been done there followed, what was termed by Toastmaster Terry, "spontaneous volcanic eruptions," which "eruptions" were furnished by Drs. Hinsdale and Copeland, of Ann Arbor; Dr. McClelland, of Pittsburg; Dr. Lee, of Rochester, and Drs. Wilcox and Hassler, of New York.

The occasion in all respects was a happy one and of the greatest simplicity, closing with a happy unanimity in wishing long life and prosperity to Dr. Hamilton Fiske Biggar.

The Banquet.

The banquet given by the Atlantic City Club to the visiting delegates was a pronounced success; as

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to numbers, about 600 being present. Dr. Herbert C. Northrop, of Philadelphia, was toastmaster. A large number of speeches were down on the program, and, as usual, Dr. DeWitt G. Wilcox, of Buffalo, carried away the honors in his speech on Ready, Aim, Fire!

The banquet itself might be open to serious criticism. Whether insufficient supplies, poor culinary arangements or labor troubles among the waiters was the cause in the Rudolph management, we are unable to say; but certainly the "ready, aim, fire!" of Dr. Wilcox's speech was a good illustration of the serving methods, and to carry the simile further, the battlefield with its harrowing scenes of death and decay were not unobservable in the food itself. We learn with pleasure that the local committee is in no wise responsible for this. It was not their imposition. Other than this all moved off well.

THE EDUCATIONAL EXHIBITS.

Hahnemann, of Philadelphia.

The crowning exhibit of the Congress was that of the Hahnemann Medical College, of Philadelphia Dr. R. B. Weaver, of that college, had the most magnificent display of pathological specimens that it has ever been our privilege to see, and attracting, as it did, great attention, was an exhibit that any institution may well be proud to show.

The Denver Homœopathic College

Exhibit consisted of fine photographs, showing the city, the college and laboratory facilities.

The New York Homœopathic College

Exhibit was chiefly devoted to an exhibition of Roentgen ray pictures, which were of a high order. These united with the fine exhibit of the Metropolitan Hospital, of New York, showing its buildings, new tubercular hospital, solariums, etc., and the exhibit of Hahnemann Hospital, of New York, of pictures and charts, prove that New York has much to offer in an educational way.

The University of Michigan Homœopathic Department

Exhibit was also a feature. A revolving case showed photographs of the various buildings connected with the Homœopathic department.

Pulte Medical College

Had two fine framed exhibits, one of the College building and one of the Bethesda Hospital in Cincinnati, its wards, operating room and interior arrangements.

The Southern Homœopathic College,

Of Baltimore, exhibited a fine photograph of its Faculty and buildings.

State Homœopathic Hospital,

Middletown, N. Y. A fine exhibit of photographs of this great institution was made by Dr. M. C. Ashley, who was present, and who may be well proud of the record the institution under his charge has made. It is the largest Homœopathic Institution in the world.

Hahnemann Hospital

Of New York, showed pictures and charts.

The Woman's Southern Homœopathic Hospital,

Of Philadelphia, showed pictures, nurses' reports, etc.

The Nordrach Ranch,

Of Colorado, had a fine photographic exhibit.

The New Hahnemann Hospital,

Of Scranton, Pa., showed pictures.

Dr. Douglas Sanatorium,

Of Dorchester, Mass., also showed photographs.

The Newton Sanatorium

Exhibited photographs.

The Dr. O. S. Runnels Private Hospital

Made one of the fine exhibits of the Congress. The specimens of appendixes were complete and exhaustive. Besides these were illustrations of the rooms and buildings, charts, etc. It was certainly a praiseworthy exhibit.

Galen Hall,

Of Atlantic City, showed pictures and charts in the tasty booth of that institution.

The Gowanda State Hospital

Showed photographs of its buildings.

Hampden Homœopathic Hospital,

Of Springfield, showed plans and photographs of buildings.

Massachusetts Homœopathic Hospital

Showed photographs and plans.

Easton Homœopathic Sanatorium

Had a frame of pictures which shows it a pleasant place.

The Ohio Sanatorium Company

Which runs the C. E. Sawyer Sanatorium of Marion, Ohio, and the Park View Sanatorium of Columbus, Ohio, had a comfortable booth under the personal supervision of Miss Loiselle, who showed visitors specimens, braces, casts, photographs, charts, etc., of these excellent institutions, showing the good and thorough work they are doing.

FOREIGN EXHIBITS.

The Homœopathic Central Pharmacy,

Of Cannstadt, Germany, had a fine lot of photographs illustrating its completeness.

The Homœopathic Sanatorium

At Davos, Switzerland, was represented by photographs.

The London Homœopathic Hospital

Exhibited photogpraphs.

The Melbourne Homœopathic Hospital

Exhibited photographs.

The Phillips Homœopathic Hospital,

Of Bromley, Kent, England, exhibited photographs.

The Devon and Cornwall Homœopathic Hospital,

Of Plymouth, England, exhibited photographs.

The Buchanan Homœopathic Hospital,

Of St. Leonards's England, exhibited photographs.

The Liverpool Hahnemann Hospital

Ehhibited photographs.

All the foregoing evidenced the fact that Homœopathy and homœopathic institutions are growing and prosperous all over the world.

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THE COMMERCIAL EXHIBIT.

The large foyer of Young's Pier was devoted almost exclusively to commercial exhibits, and the number of exhibitors exceeded that of any previous meeting of the Institute. We desire to mention briefly those who were in evidence on the occasion.

Boericke & Tafel,

The well known homœopathic pharmacists, leads the list with an exhibit of homœopathic pub'ications and medicines under the supervision of Dr. M. R. French, of Chicago.

Smith's Homœopathic Pharmacy,

Of New York, had an exhibit of drugs and potencies, presided over by Mr. Carroll Dunham Smith, who succeeded his father, the late Dr. Henry M. Smith.

Boericke & Runyon

Showed books and medicines. Messrs. Runyon and Fox were in charge.

Halsey Brothers,

Of Chicago, had an exhibit under the charge of Mr. Frankland, which was much frequented.

Lea Brothers,

Of Philade'phia, exhibited a fu'l line of their publications.

D. Appleton & Co.,

Of New York, showed their books and took many orders therefor.

F. A. Davis & Co.,

Of Philadelphia, also showed their publications.

Blakistons, Son & Co.,

Of Philadelphia, made a fine exhibit of their books.

Rebman & Co.,

Of New York, also showed a line of medical publications.

Mellins Food Co.,

Of Boston, were in evidence as usual with samples of their food, and ready to demonstrate its usefulness, which was quite unnecessary, as all present knew its excellence.

Bell & Co.,

Of New York, showed their goods, and attracted much attention.

Lambert Pharmacal Co.,

Of St. Louis, exhibited the excelence of Listerine. Mr. G. R. Blickhahn was in charge.

The Bovinine Co.

Made a most interesting exhibit of their products.

The Diemel Linen Mesh Co.

Exhibit, under charge of Mr. Goode, was very popular with our physicians, as all know the excellence of Goode and his goods.

The Welch Grape Juice

Booth was frequented by large numbers on the warm days of the meetings. Nothing was more refreshing and restful than this excellent beverage.

Kress & Owen

Distributed Glycothymo'ine in tasty bottles bearing "The International Homœopathic Congress" blown in the glass, presenting a samp'e to each visiting physician

Bristol Myers & Co.

Exhibited their saline laxative, Sal Hepatica, and furnished samples.

The Denver Chemical Co.

Exhibited Antiphlogistine, and gave samples and useful souvenirs in the shape of an aluminum spatula.

Borden's Condensed Milk Co.

Showed samp'es of their malted milk and exp'ained its usefulness.

Schiefelin & Co.

Made a fine exhibit of Lederle's Antitoxin and other preparations, which intensely interested all present. It was the center of a large gathering of physicians at all times.

E. Fougera & Co.

Of New York, had an excellent exhibit of Glycogen and other goods of this excellent and trustworthy house.

Other Food Exhibitors

Were Imperial Granum, Eskay's, Horlick's and Lange's.

Exhibitions of Mineral Waters

Were the Ballardale water, which was used at the Rudolph banquet; Manitou Springs water, an especial fine and clear product; Vichy and Morris and Shrader.

Surgical Instruments and Electric Appliances

Were exhibited by many firms, notably the Victor Electric Co., Charles Lentz, of Philadelphia; the Allison Chair Co., of Indianapolis; Gowan's Pneumatic Cabinet Co., of Dunham, N. C.; Waton's Oxygen Apparatus, the Electric Radiator Co., the Leucodescent Light, the Physician's Supply Co., of Philadelphia; R. V. Wagner & Co., of Chicago; the Keystone Electric Co., of Philadelphia, and Clarke & Roberts of Indianapolis, Ind.

Other Exhibitors

Attracting attention were the following: West Disinfecting Co., of New York; Phillips Chemical Co., of New York; Fairchild Brothers & Foster, of New York; Bornemann, Hertzler & Co., of Philade'phia; Imperial Publishing Co., of New York; Gleason's Grape Juice Co., the Pineoleum Mfg. Co., of New York; the Lane Chemical Co., of New York; the Girard Co., of Philadelphia; the Sapona Company, of New York, and Keasby & Mattison, of Ambler, Pa. It wou'd be impossible for us in this issue to give in detail the excellence of these exhibits, but we hope to present the more important in a future number when not crowded for space.

The Annual Report of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg, Pa.,

For the year ending March 30, 1906.

This is the 40th report of this institution, and shows that it has just passed through its most successful year, and this is a thing of which any institution may be proud.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Subscription, Two Dollars Per Annum.

OCTOBER 1, 1906.

Editorial.

THE INSTITUTE AND CONGRESS MEETING.

To say that the meeting of the International Homœopathic Congress and American Institute of Homœopathy at Atlantic City was a success would be stating the case very mildly. In the first place, all the sessions of all the bureaux and sectional societies were well attended. We noticed no small gatherings of a dozen or so at any of the meetings, and even on the last morning's business session over fifty were present. The West furnished a large delegation, comparatively speaking, for an Eastern meeting, and the interest shown throughout the convention was very great. Especially was this interest gratifying to note in the sections where Homœopathy was under discussion. There seemed to be a determination of all present to make Homœopathy foremost in everything, and we noted no half-heartedness on this subject anywhere.

To review the papers presented would not be in our province. We desire, however, to note with exceeding gratification and admiration the presence of Dr. James W. Ward, of San Francisco, who crossed the continent at great expense of time and money, to present to a homœopathic body and give out to the world as emanating therefrom his first official report as president of the San Francisco Board of Health, of the methods employed and the work done in the line of sanitation during the trying days following the earthquake and fire. It is with pleasure that we present to our readers this report. Dr. Ward thought though there might in the future be other disasters, there might not be a Homœopath at the head of sanitary matters, and that it was his duty to let Homœopathy have the credit, and it is needless to say that the doctor's generous and thoughtful action was highly appreciated by all.

It was a fitting and graceful action of the Institute to appropriate $1,000 from its treasury to the aid of the new Hahnemann Hospital of San Francisco, and we hope it will be repeated for two or three years to come. It would be a gratifying thing to see, when we go to California some time in the future, erected a fine tablet in that institution commemorative of the generous action of the Institute. It will be a monument to Homœopathy in the far West, of which we may all feel a personal pride, and we are assured that such tablet will be erected.

To annul the dues of our San Francisco (and vicinity) confreres for the year was another graceful action.

Our visitors from abroad proved themselves good, staunch adherers to Homœopathy in every respect. Their papers were of the highest order, and we learned much from them. We trust their coming among us may prove as much a satisfaction to themselves as it did to us, and that they will avail themselves of the privileges of their honorary membership, so willingly bestowed upon them, and come to the Institute meetings every single year as long as they live. They will be sure of a hearty welcome.

The Institute journal went down to an overwhelming defeat, the sentiment was quite ten to one against it. We are convinced, however, of the honesty of those who advocated the project; indeed, we are not sure but there may come a time when it will be necessary for the Institute to have some sort of publication to further its interests. The scheme presented by the committee to start a large and important periodical, however, was most impracticable. Could the Institute have, as we suggested in our last issue, a salaried organizer, a bulletin of his labors might be issued from time to time; this might grow into an official Institute journal and be a credit to the organization.

Norfolk, Va., or Jamestown, was chosen for the next meeting place; it was a close struggle between this place, three hundred years old, and Oklahoma City, scarcely twenty years of age. Probably few present had any exact idea as to where Oklahoma City is whether it is the chief city or capital city of our youngest State, or how to get there; but if Dr. Hensley did nothing more in his eloquent appeal for the Institute to come into the territory and entrench Homœopathy among people who were in a receptive state than to teach us some physicial and commercial geography, he did a world of good for Oklahoma. It is one of the Institute's possibilities, and we shall be sure of a warm, whole-souled welcome when we do go there. Norfolk is a fine meeting place, and it will be the first time the Institute goes south of Mason and Dixon's line. We prophesy a large meeting.

Atlantic City was a charming place in which to meet. The local committee comes in, of course, for

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some criticism as to selection of place of meeting and to inattention to some details, but certainly our thanks are due to Drs. J. R. Fleming, chairman, and Dr. A. W. Baily, secretary of the local committee; these gentlemen could not do all, but what they did was well done. They would doubtless be wiser in their choice of some of the sub committees another time.

INSTITUTE AND CONGRESS NOTES.

Dr. W. J. Hawkes, of Los Angeles, hardly a day older than ten years ago, was present in nearly all the meetings.

The energetic Dr. George Burford, London's famous homœopathic surgeon, made a host of friends, and his homœopathicity made him a favorite at once.

Fisher, of East Radford, was also present, looking hale and hearty, even unrecognizable by some who knew him formerly. He showed us some pictures of his hospital, which should take its place as one of the institutions of the school, since Homœopathy is employed almost exclusively therein.

A telegram of condolence was sent by the Institute to Dr. Gaius J. Jones, of Cleveland, upon the death of his son, and was feelingly responded to by the doctor.

The transportation committee for 1907 consists of Forbes, of Hot Springs; Garrison, of New York; Schultze, of Columbus, and Verdier, of Norfolk.

It was a graceful action of the Institute to donate $1,000 for the San Francisco Hospital, and to remit the dues of the Institute members in the stricken city. The contribution for the hospital should be repeated for two or three years. It will be a nice thing to see a tablet in the hospital commemorating this when we meet there, and it will be there.

The Monument Committee reported the gratifying fact that the government was caring for the monument in the proper way.

The North American's dodger, "Before You Vote" on the Institute journal question read its editorial, was quite in line with the popular sentiment. Of course, it would be presumptious for the Medical Century and the American Physician to say that any of this sentiment had been created by their editorials, which had already been read without any urging, but didn't we tremble when Brother Bailey advanced to the rostrum with an armful of these periodicals and proceeded to—help us out!

The Crusader is the title of a bi-monthly of Homœopathy vs. antipathy, just started, the first number of which was circulated at the meeting. Dr. Guernsey P. Waring is editor-in-chief.

No one was more missed at every hand than Dr. Frank Kraft, of Cleveland. We realize the disappointment it must have been to that constant attender of Institute meetings and homœopathic congresses. But the Institute elected him for secretary, knowing that the work would be well done It made a good choice, and we trust it will be many years before a change is made.

Dr. A. B. Norton sent a cablegram of good wishes to the Institute and Congress from Calcutta, India.

Drs. J. W. Ward and D. G. Bennet, of San Francisco, and W. J. Hawkes, of Los Angeles, were the California representatives to the Congress.

Drs. George Burford, James Searson, John H. Clarke, E. A. Neatby, and G. Knox Shaw, were the representatives from England, and a jolly good set they were, too.

The next Congress will be held in England, and we predict a large attendance from this side of the pond.

Dr. James W. Ward came all the way from San Francisco to read before the Congress, and thus give to the world from a homœopathic body, the official report of the sanitary commission and health board of San Francisco during the days following the fire. It was certainly a piece of neglect or misfortune somewhere that preparations to show the slides accompanying the lecture were not made.

President Green presided over the Institute with dignity and geniality; the room selected for the sessions on Young's Pier was about as bad as could be well imagined. It was, we believe, Demosthenes who came down to the sea shore to improve his voice; the meeting place being right over the breakers at almost all tides, it was impossible to hear such modern Demosthenes's as Walton and Royal. Even when they spoke some one had the nerve to yell "louder."

The local committee under the chairmanship of Fleming, and the secretaryship of Bailey, did the best possible. We do not know just what help they had or what difficulties they encountered, but we do know these two gentlemen did all possible to make the arrangements a success.

Dr. Millie J. Chapman had all the burden of the Board of Censors' work on her shoulders, but she discharged the duties of the office with satisfaction to all.

It was a pleasure to see the pleasant countenance of Dr. George B. Peck, of Providence, R. I., the two last days of the meeting. He does not grow old.

Reily, of Fulton, Mo., was there. It is getting to be so we cannot have an Institute meeting without seeing him there.

Dr. J. H. Ball, of Bay City, secured the registrarship. Why is it this plum always falls to a handsome man? First Aldrich, then Horner, and now Ball.

There were a number of editors present, and a finer looking body of men you never saw. There was John H. Clarke, of the London Homœopathic World; E. H. Porter, of the North American; H. C. Allen of the Advance; Clarence Bartlett, of the Hahnemannian; W E. Cramer, of the Forum; J. P. Sutherland, of the New England Medical Gazette; H. D. Bishop, of the Cleveland Homœopathic Reporter; Claude A. Burrett, of the University Homœopathic Observer; D. M. King, of the Counsellor, and possibly others who escaped our notice.

Dr. C. P. Seip, president of the Pennsylvania Homœopathic Society for this year, was present, and seemed to be the same old Seip of twenty-four years ago in Vienna.

The senior of the seniors, Dr. Hiram L. Chase, of Cambridge, Mass., was also present at the meetings.

The Marlborough-Blenheim Hotel, which served as practical headquarters, was all right in every re-

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spect. It was there the Unanimous Club had its dinner, the Hands Across the Sea dinner, the Alpha Sigma smoker, the Meissen teas; in fact all the important social gatherings were held there. The courteous management did all possible to make every one comfortable and at home, and succeeded. Not a word of complaint was heard. Everything was of the best, and the large number who stopped there will carry away pleasant recollections of a good hotel.

Dr. W. K. Bouton, of Melbourne, Australia, and Dr. Cairo de Silva, of Rio de Janeiro, were delegates from their respective countries to the Congress. The latter was made an honorary member of the Institute, the former being an active member.

Every member of the faculty of the homœopathic department of the University of Michigan was present except Dr. Kinyon, who was in Europe.

That plain, blunt man, Commissioner Porter, of New York, who did not think he was an orator like Walton, nor talked right on and on like Custis, told us that which he did know on the journal question, and told it well.

Dr. R. S. Copeland, of Ann Arbor, made a good point on the journal question by saying that when the time shall come that we are all agreed on such questions as potency, dosage, the single remedy, etc., among ourselves, it would be time enough to start a journal.

Editor's Table.

GENERAL NOTES.

Dr. Wm. Boericke (not Baeuike as the usually typographically astute Clinique has it) is doing business at his old stand, 1812 Washington street, San Francisco. We would attribute this mix-up of the name to the earthquake, but years ago a slight shock shook his name into Boracky with some of his patients.

There are twenty or more good locations for homœopathic physicians in the State of Vermont. It is a prosperous State. It has produced some good Homœopaths, too. T. F. Allen and Henry N. Guernsey were natives of the Green mountain land.

We have received several cards from Dr. A B. Norton now on a trip around the world. He seems to be seeing everything and having the time of his life.

Dr. A. D. Carpenter succeeds to the office and practice of the late Dr. Henry Baethig, of Buffalo.

Dr. Overton W. Bradley, of Montreal, recently sustained a sad bereavement in the loss of his accomplished and amiable wife, who was the victim of a railway accident. Dr. Bradley had been married but six months. The circumstances of the accident were most sad, and the Medical Century offers heartfelt condolences.

The questions as to who is Hensley, and where is Oklohama City will not need to be asked by any who heard that genial gentleman's speech at Atlantic City.

M. D. Smith, M. D., he of the appropriate initials, as Critique has it, formerly of Middlebury, Vermont (not Middletown), is a flourishing physician of Glens Falls, New York. Our brother of the Critique also needs stronger specs.

We will have to lay the whole thing to Horner, for he was editor of the July issue, because we are not and never would be proud to vote for unification of the two schools of medicine under any circumstances short of complete surrender of the allopaths to our principles. Brothers Bartlett and Mastin, please take notice. "Stalwarts" don't "break out" in new places like that.

It seems we stole an item from the Medical Forum and did not say it came from that excellent periodical. We are probably guilty. We have been so accustomed to seeing our own news items appropriated from one month to two years after they appeared without credit that we have perhaps overlooked trespass signs in our hurry after the game. We'll confess and give you the same privilege once to get even.

Dr. E. H. Walcott, of Rochester, N. Y., has been appointed Director of Division of Contagious Diseases of the State of New York.

The new Pacific Coast Journal of Homœopathy has reappeared on our table, and we are glad to welcome it back. It should receive a hearty support from physicians all over the land for a few years, and it is worth its subscription price every time.

Dr. A. A. Hoyt, of Assyria, Michigan, married Miss Helen R. Jewell, on September 5th. Felicitations.

WASHINGTON NOTES.

BY H. I. SILVERS, M. D., WASHINGTON, D. C.

Dr. J. B. Gregg Custis has been spending the summer among the Thousand Islands, from there he went to the American Institute at Atlantic City.

Dr. Wm. Rufus King attended the Institute meeting after ending his vacation along the St. Lawrence river.

Dr. Richard Kingsman has been spending the summer among the Pennsylvania mountains.

Dr. Edwin Lothrop will make his vacation include the Institute meeting.

Dr. L. B. Swormstedt has been spending the month of August in Massachusetts, and was in Atlantic City in time for the Congress and Institute meeting.

Dr. Carden Warner has been spending the summer with Dr. S. S. Stearns at his camp in the Maine woods. Dr. Warner will assist Dr. W. R. King in special work this winter.

Dr. Chas Davis has just returned from an extended fishing trip down the Chesapeake Bay.

Dr. Ira Dennison spent several weeks at his home in Connecticut.

Dr. Henry Krogstadt recently returned from a trip to New Hampshire.

Lately there has been opened a branch of the United States Marine Hospital Service to make

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b'ood examinations in suspected cases of typhoid fever free of charge.

The Washington Homœopathic Society will hold its first meeting of the winter session in the early part of October.

Its president, Dr. J. B. Gregg Custis, has outlined a very interesting course.

OBITUARY.

Dr. A. L. Walker,

Of Sa'em, Michigan, a graduate of the Cleveland Homœopathic College, Class of 1869, died on August 30th.

Dr. Lewis H. Willard,

Of Pittsburg, died July 30th. Hahnemann College of Philadelphia, Class of 1866.

Dr. George Wigg,

Of Portland, Oregon, died on May 31st. He was one of the best known physicians of the far Northwest, a scholar and a gentleman.

Dr. T. L. Sanger,

Of Littleton, N. H., died on June 6th. He was a graduate of Hahnemann, Phi'adelphia, in 1856.

Dr. Henry Baethig,

Of Buffalo, N. Y.. died Ju'y 4, 1906. He was a graduate of the Hahnemann Medical College of Philadelphia. He was one of the most highly esteemed physicians of Buffalo, and had an extensive practice.

Dr. F. F. Laird,

Of Utica, died at Atlantic City, on August 20th. He was a graduate of the Hahnemann College of Philadelphia, Class of 1880, and was one of the brilliant members of that class.

Dr. Harriet S. French.

Died at Philadelphia on September 5th at the age of eighty-two years. She was graduated from the Hahnemann Medical College of Philadelphia in the Class of 1865, being the second women in Philadelphia to secure the degree of M. D. She was for many years president of the Pennsylvania branch of the Woman's Christian Temperance Union, and she was keenly interested in the work of the Society for the Prevention of Cruelty to Children.

Report of the Nineteenth Annual Convention of the American Homœopathic Ophthalmological, Otological and Laryngological Society, held at the Hotel Dennis, Atlantic City, N. J., Tuesday, Wednesday, Thursday and Friday, September 11-14 inclusive.

Out of regard for the meetings of the International Homœopathic Congress, the O., O. and L. Society only held their sessions dur'ng the af'ernoons and evenings, their members attending the sessions of the Congress with great s tisfaction during the mornings.

Twenty-seven papers were read and discussed, most of them being of live importance. Particu'ar mention may be made of a paper by Dr. J. B. Gregg Custis, of Washington, D. C., reciting a case of tubercular iritis, in which a prominent old schoo' oculist had advised enucleation of the eye as the on'y thing to be done. Under strict homœopathic treatment by Dr. Custis, the eye being frequently examined by Dr King, the eye was saved with perfect vision.

Dr. Howard P. Be'lows presented the comp'eted report of the test-proving of Belladonna, which was made under the control of the O., O. and L. Society. The completed work is a work of 675 pages, and is a complete record of every proving made during the test, on a plan that Dr. Bel'ows originated, and that will no doubt be used by other societies who will reprove or prove originally other drugs in the future.

President Garrison, in his address, reviewed the history of the Society from the beginning in 1877, when it was first contemplated by a few specialists gathered together in Dr. E. W. Beebe's room at Lake Chautauqua, during a meeting of the Institute, to the present time.

He urged every member to do his duty and unite with the Institute, but defended the individual liberty of every one to choose such membership, and did not believe it wise or just to demand membership in any society as a requisite for membership in the O., O. and L.

Twenty new members joined the Society during its sessions.

On Friday afternoon a clinic was held in the new and well appointed operating room at Galen Hall, the wel' known homœopathic sanitarium hotel in Atlantic City, when Dr. Burton Haseltine, of Chicago, demonstrated his method of resecting the nasal septum for occ'usion of the nasal passages, a most successful operation being done.

Dr. C. Knox-Shaw, of London, Eng., was made an honorary president of the Society, and occupied a seat beside the president at one of the sessions.

The officers elected for the following year were:

President. Dr. Eugene L. Mann, St. Paul, Minn.

Secretary, Dr. Herbert W. Hoyt, Rochester, New York.

Treasurer, Dr. G. DeWayne Ha'lett, New York.

BOOK REVIEWS.

Plague.

Its history, homœopathic treatment, etc.

Cholera.

Its prevention and homœopathic therapeutics.

Diabetes Mellitus.

Its symptoms, treatment, etc.

These three little works by Dr. Sara Chandra Ghose, of Calcutta, are sp'endid in their completeness, and especially in the indications for our remedies. Dr. Ghose is an enthusiastic worker for Homœopathy in his country, and his writings are not only readable and intensely interesting but they also possess a value far beyond the ordinary. For those who wish to inform themselves on the plague there

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is no better work than this little book of ninety-four pages. The book on cholera contains 200 pages, and the pamphlet on diabetes thirty-two.

Pocket Manual of Homœopathic Materia Medica.

By William Boericke, M. D., Professor of Materia Medica in the Hahnemann Hospital College of San Francisco, with the addition of a repertory by Oscar C. Boericke, of the Hahnemann Medical College of Philadelphia. Third edition, revised and enlarged. Published by Boericke & Runyon, New York, 1906.

This is one of the most practical small books in Homœopathy. It contains references to all the remedies used in the school. The flattering reception accorded to the first editions has encouraged the author to revise the whole work, and he has done it with his usual thoroughness. Some four hundred pages have been added in the excellent repertory of Dr. Oscar Boericke, making a volume altogether of 1,050 pages. Although having this number of pages and being entitled a pocket manual, it is printed on such excellent paper that the pocket which contains it will never have what Professor S. A. Jones terms a "Falstaffian rotundity."

International Clinics.

Volume I., Sixteenth Series, 1906. J. B. Lippencott & Co., Philadelphia, Pa.

Another volume of this excellent quarterly, containing the usual number of up-to-date articles, and a chapter on the Progress of Medicine During 1905, which alone is worth the price of a series.

Diseases of the Nervous System Resulting From Accident and Injury.

By Pearce Bailey, A. M., M. D., Columbia University, New York. D. Appleton & Co., New York and London, 1906.

This is a volume which treats of nervous diseases due to accidents and injuries, and, as a large number of diseases of this system are due to traumatic causes, it is a volume that has great value. It is, in fact, a sort of a surgical neurology, although written from the neurologist's standpoint. The same author some years ago wrote a similar work on this subject. The present volume, however, has been entirely rewritten and now exemplifies a complete treatise on the subject. It is well printed and illustrated, and is one that we can commend to the members of our school, wherever dispersed on the globe.

Diseases of the Nose, Throat and Ear.

By Kent O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology and Laryngology, in the Eclectic Medical Institute; Consulting Physician to the Seton Hospital; Assistant Editor the Eclectic Medical Journal; Author of a Manual on Diseases of the Eye 117 illustrations. 12mo., 643 pp., cloth, $3.50. The Scudder Brothers Co., Publishers, 1009 Plum street, Cincinnati, Ohio.

This is a work on diseases of the nose, throat and ear from an eclectic standpoint, and, as is usual with the writings of that school, it is thorough and up-to-date. The treatment mentioned therein is replete with many suggestions that will prove valuable to homœopathic physicians, and since it contains many indications of remedies that are familiar to us, it is a book that we can recommned heartily.

Before and After Surgical Operations.

A Treatise on the preparations for, and the care of the patient after operations. Including homœopathic therapeutics. Written with special reference to the needs of the general practitioner and the hospital interne. By Dean T. Smith, B. Sc., M. D., Professor of Surgery and Clinical Surgery, University of Michigan, Homœopathic Department, Ann Arbor. 260 pages. Cloth, $1.25, net. Postage, 8 cents. Philadelphia, Boericke & Tafel. 1906.

Surgical works in the homœopathic school are not very numerous. Of late years we have had scarcely a single volue. This work, as its title implies, is devoted to the preparation and care of patients before and after surgical operations. We of the homœopathic school believe that we have something better in our surgery than has the allopathic, namely, our homœopathic therapeutics.. This, superadded to the general surgical treatment of disease, gives the patient a double chance. In this volume we find admirably set forth the indications for our homœopathic remedies in conditions demanding surgical operations. Every surgeon of our school, who has any pretentions to being a better surgeon because he is homœopathic, will find a mine of information in this volume, and by following the indications for our remedies set forth therein will give his patients what they are paying for, namely, the benefit of homœopathic surgery.

A chapter on the Preparation and After Treatment of Eye, Ear, Nose and Throat Operations, by Dr. R. S. Copeland, is found therein. We are surprised, however, to note that no reference is made to homœopathic remedies in this chapter; more surprised, however, when we remember what a stalwart Homœopathist Copeland is. We can only account for this omission by expressing the hope that we may sometime have a volume on diseases of the eye and their homœopathic treatment by this gifted author.

Saunders' New Books.

Messrs. W. B. Saunders Company announce for publication in the early fall the following excellent and practical works:

Keen's Surgery; Its Principles and Practice (volume I).

Sobotta and McMurrich's Human Anatomy (volume III).

Webster's Text-book of Gynæcology.

Hill's Histology and Organography.

McConnell's Pathology.

Morrow's Immediate Care of the Injured.

Stevenson's Photoscopy (Retinoscopy and Skiascopy).

Preiswerk and Warren's Atlas of Dentistry.

Goepp's State Board Questions and Answers.

Lusk's Elements of Nutrition.

The most notable announcement is the new work on Surgery edited by Dr. W. W. Keen, complete in five octavo volumes and containing over 1,500 original illustrations. The entire work is written by the leaders of modern surgery, men whose names are inseparably associated with the subjects upon which they have written. Without question, Keen's Surgery will represent the best surgical practice of today.

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Medical Century

A Journal of Homeopathic Medicine and Surgery.

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Practice of Medicine.

"DYSENTERY."

BY R. A. BAYLEY, M. D., NEW ORLEANS, LA.

The consensus of medical opinion is that dysentery is caused by the advent of certain micro-organisms into the intestinal tract. It is, therefore, a germ disease, instead of, as heretofore thought, only a catarrhal irritation of the mucous coat of the colon. The catarrhal form is known to be caused by the association of the pus-generating bacteriæ with the constantly present, but otherwise innocuous, bacillus coli communis; the amoebic form, characterized chiefly by ulcerative lesions, by the amoebic coli. It was conjectured that the stools in certain cases of dysentery contained some contagious principle long before the microscope demonstrated the fact conclusively, on account of the epidemic nature of the disease in some instances. A prominent pathologist (Thayer) is disposed to take exception to the term used to designate all the varieties of dysentery. He makes the statement that the word only expresses a clinical instead of a pathological process, and gives no information about the different lesions present at the same time in the mucosa of the colon during an attack of the disease. Another medical authority (Hirsch) has commented on the fact that a greater prevalence of dysentery occurs in sections of a country where malarial fevers are endemic, and during the summer months. The query is pertinent whether mosquitoes or other blood-sucking insects have anything to do with epidemic dysentery? It is now supposed that the micro-organisms enter the alimentary canal by means of drinking water, but a similar theory was held about malarial fevers until disproved. The lesions connected with "specific colitis" vary from a simple congestion and inflammatory irritation of some portion of the mucosa of colon to the gravest form of ulceration of the mucous tissue ending in a sloughing or even gangrenous process. The ulcers may be isolated and confined to the solitary glands in the mucous coats of colon or extensive in area and also invading the submucosa. The chief sites of the lesions are located in the rectum, sigmoid flexus, cæcum and ascending colon, occurring in frequency in the order given. The lesions show different stages of development and healing in the chroinc disease. There is little if any clinical or pathological difference between a case of chronic dysentery and that of chronic diarrhœa. Abscess of the liver is the most important sequel of dysentery, the infectious germs finding their way into this viscus through the common bile duct. The catarrhal variety occurs sporadically, and probably arises from some putrefactive change taking place in the fæcal matter while in the colon. The preliminary diarrhœa is an effort of nature to get rid of the offending fæces, and when assisted by some mild laxative the subsequent inflammation may be greatly modified. The tendency is to recovery, and prognosis is usually favorable in this variety. Most cases recover in a week or ten days, but occasionally a case may continue several weeks, when particularly severe or improperly treated. The appearance of fæcal matter in place of the mucus and blood, and the abatement of the tenesmus and frequency of stools are indicative of convalescence. Tenesmus as a prominent symptom points to the rectum as the site of disease, especially when much mucus appears in stools.

Hæmorrhoids act as a secondary source of irritation, increasing the amount of blood passed in the stools and making the tenesmus also more distressing. The presence of engorged hæmorrhoidal veins about the anus, especially in children, leads to prolapsus of the rectum with the stools.

The amoebic variety, always due to an extraneous morbific agent, gaining access to the colon, is subacute from the outset, and tends to run a protracted course. The duration of a case is from six to twelve weeks, and the prognosis is, therefore, unfavorable. Instead of mucus and bloody stools mainly, as in the catarrhal variety, the stools are frequently quite profuse and liquid. In fact, the liquid and muco-sanious stools often occur in turn, the former stools being less frequent than the latter. The danger to life is from exhaustion and inanition. Owing to the chronicity of these cases remedies seem often unavailing to arrest or shorten the course of the disease. The most optimistic physician of our school, one who believes in and prescribes according to the "law of similars," may find himself at a loss or feel discouraged at negative results. All diseases produced by micro-organisms require a certain fixed time, as it were, before convalescence may be reasonably expected. The germs seem to have a life history of their own after coming into existence, passing through some sort of evolutionary process before yielding to the destructive action of certain leucocytes and the antitoxins formed in the body.

The diphtheritic variety, malignant in character, occurs in an acute and a chronic form. The acute affection, fortunately rare, is particularly malignant, and runs a rapid course, whether favorable or otherwise. The symptoms are similar to those of typhoid

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fever in the second week, i. e., very high temperature, with great restlessness and delirium, and offensive, liquid stools, containing the products of necrosed mucous tissue from the colon. The chronic affection occurs as an inter-current complication of chronic organic diseases, especially of the kidneys and heart. A membranous coating forms on the mucosa of colon, followed by necrosis and sloughing of the tissue underneath, resulting in extreme cases in gangrenous ulceration. Before taking up treatment, in any particular case of dysentery, it is well to first determine the nature of the lesions and their location in the colon, which assists in arriving at an approximately conclusion about the probable duration of the disease. It is well also to consider the vitality of the patient, which depends greatly on the age and previous condition of health. Lastly, it is well not to forget that unknown power of resistance some persons possess, in claiming credit for the action of the remedies given to the patient, commonly designated as the "vis medicatrix naturae." Absolute rest in bed is the first essential thing to do for our patient, without which other measures are likely to fail. The diet must be of the lightest kind, such as broths, boiled milk, albumen water and infusions of barley or rice. As improvement occurs milk may be given thickened with arrow root or cooked flour, soft boiled eggs and the plain, unsweetened fruit juices. Flushing of the rectum and sigmoid flexure in the outset with an infusion of flaxseed is an excellent means to remove irritating muco-purulent matter, and thereby relieving the troublesome tenesmus. Later, when the indications show the presence of ulcerations in the colon antiseptic agents, such as creolin, boracic acid and liquid soda chlorinata, may be added to hot water enemas. A solution of nitrate of silver is the best agent when the ulcers become indolent and the disease is tending to the chronic variety. The vegetable astringents, so-called, containing the active principles, tannic acid and the preparations of bismuth, may be borrowed from the "old school" in some instances. The salts of silver, copper and zinc, however, as prescribed by the allopaths, usually combined with opium, must be condemned. A triturate of the Argentum nitrate 2x, or of Cuprum sulphate 3x, has acted well in some chronic cases under treatment. When rectal tenesmus is very severe and frequent a suppository containing Opium with Extract belladonna or Extract hyoscyamus will prove of great benefit, used after thorough flushing of the bowels Ergotin acts well for the hæmorrhoids.

The fever is best treated with Aconite or Gelsemium, unless special symptoms call for Belladonna, which often covers a catarrhal case throughout. Mercury is undoubtedly the chief remedy, the pathogenetic affects corresponding closely with the dysenteric lesions occurring in the colon. There is no material difference between the curative actions and pathogenetic effects of Mercurius vivus 2x and Mercurius corrosivus 3x, except in degree; the latter preparation, however, being indicated when the lesions in colon show a high grade of ulcerative inflammation. Severe griping and cutting pains in the abdomen, preceding and accompanying the muco-sanious stools and rectal tenesmus, sometimes associated with vesical tenesmus, during the stoils. Ipecac has a marked action on the involuntary muscular fibres of the intestines, as of the stomach, the condition set up being that of almost continuous spasmodic peristalsis of the colon. Torminas and griping pains in the abdomen, associated with nausea and vomiting, are the chief indications calling for this drug. Bright red blood, sometimes profuse, appears in the stools. Physiological doses to induce "sweating" of the mucosa are not in vogue with physicians of "our school." Other remedies, less objectionable, are certainly to be preferred. I am of the opinion that the amoebic variety would not be affected by the full or nauseating doses of Ipecac, while the catarrhal variety could be benefited by small doses, either given alone or combined with Mercurius. All of the many other remedies, supposed to act curatively in dysentery, seem to meet only special features or symptoms arising in the course of the disease. This article would not admit of any further mention of them, inasmuch as our excellent work on therapeutics contains a detailed therapeusis.

Discussion By Dr. Edward Harper.

The reviewing of Dr. Bayley's excellent paper has been thrust upon me. Some days ago the doctor asked me to look over his paper prepared for this meeting, but I had no idea that it was expected that I should have anything to say on the subject before the meeting; but a few days since our worthy secretary informed me that I was expected to write a review, but with the brief time at my disposal I cannot do so except in a cursory manner, and that with the hope that what little I may say will cause a discussion that will be beneficial to us all. In the first place, I must say that I am a heretic, and do not accept the "consensus of opinion" as to its causation. I do not believe that it is of microbic origin, that is, that it is due to a specific microbe; in fact, I believe the medical profession has gone bacteria mad in this as well as many other diseases. I have never yet seen a case of dysentery that could not be traced to either food or drink, or wrong living, in other words. Badly prepared foods, green or stale vegetables, the stale vegetables teeming with bacteria, if you will, but not of the specific kind If the food is well prepared, hastily eaten therefore, improperly masticated, drinking all kinds of decoctions with meals, and between meals at soda fountains and bars, prevents proper digestion that in turn sets up irritation in the stomach as well as the intestinal tract, we keep repeating the same process day after day, and the final result is an inflammation of the whole, we have, then, of course, bacteria for this fermenting mass surrounded by an inflamed mucous surface furnishes a suitable soil for their production.

We all know that the days of the green apple, cucumber, canteloupe, watermelon and so on through the list of fruits and vegetables are the days of diarrhœa and dysentery and the doctor's harvest, and we all involuntarily smile when we see them on our fruit stands. It is more prevalent in the cities than in the country because the fruits and vegetables are gathered green, and we of the cities never get anything but withered fruits and stale vegetables, some of it kept in cold storage perhaps for weeks. So

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with our meats they are kept in cold storage for weeks. As soon as taken out decomposition begins, for it is an impossibility for the retail dealer to keep them at the same temperature as the cold storage plant. So into our poor stomachs goes an already fermented and decomposed mass to accompany the heretofore mentioned indigestible substances, preventing the proper excretion of the digestive glands of the stomach and intestinal canal; the result is diarrhœa and dysentery.

Then, again, we eat too much or do not properly masticate what we eat, consequently the digestive glands fail to secrete enough to properly digest what we have eaten, fermentation is the result, bacteria certainly, for here is an excellent culture media.

The fact that dysentery is more prevalent in sections of country where malaria exists, and our trying to put the blame on the poor mosquito, who, already has his full share of condemnation, is, I think, unjust. Why not; the malarial subject is naturally subject to this disease because he is in a generally weakened and debilitated condition, his digestion is poor; what more natural than that even an ordinary diet, which it is impossible for him to digest, should cause diarrhœa and dysentery. On the other hand, if he has been living improperly, and had an attack of diarrhœa or dysentery in his weakened condition he is a good subject for an attack of malaria. In the complication of abscess of the liver mentioned, the finding of the germs in the viscus proves nothing but that the lymphatics have absorbed infectious matter, and, of course, germs along with the rest, and it has all been carried to the liver through the common bile duct and causes abscess in just the same way that we have an abscess formed in the inguinal glands from chancroids. Now a word as to treatment. A proper diet of carefully prepared food is absolutely essential to cure these cases.

The proper cleansing of the intestinal canal by high colon flushes is also necessary, preferably given in the knee-chest position instead of with the high colon tube, for the latter often causes irritation and severe pain. In acute cases the normal saline solution is quite sufficient, and should be used several times daily, depending on the number of evacuations. Solutions of Calendula and Hamamelis are very soothing, but the principal object is to remove all irritation and infectious material from the colon. In the chronic form we often find the flushes and internal medication alike unavailing. In this class of cases you will find ulceration more or less severe, and the only method of reaching such a case is a proper speculum with which you can examine the canal as high as the sigmoid flexure. I know of one such case having fifteen ulcers extending all the way up. A simple application of nitrate of silver, 5 grain solution, applied to each ulcer on a small cotton swab cured the case like magic, which was of several years' standing.

I do not approve of Opium at any stage of the game, either internally or as a suppository, for it only locks up the secretions in the intestinal canal by preventing peristalsis, thus retaining the infectious contents, increasing the danger of abscess of the liver from absorption. I would like to add a group of other remedies that I have found quite as important as Argentum, Cuprum, Sulphur and Mercurius corrosivus.

They are Arsenite of copper in the very earliest stage, Aloes, Cantharides, Nux vomica, Rhododendron and Mercurius solubilis. Now, if I shall have caused a discussion of the subject by the other members present the object of this review will have been attained. [La. Hom. Soc.]

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*METABOLISM AND PRESCRIBING.

BY CHAS. R. BUCK, M. D., CINCINNATI, OHIO.

There has always been a tendency among physicians to exaggerate the value of internal medication. From time immemorial it has been the custom to combat disease with drugs, the body of the patient forming the battle ground If we consider that in every case it is the man who is sick, not the stomach, lungs, etc., as the case may be, but the man himself, and that the disease is only manifested in the weakest part, then, accepting this view, our treatment should be directed to the betterment of the man's entire physical condition, not merely to the lungs or stomach. Given a fever, the effort should not be to suppress the fever, which is nature's escape valve, but to improve the conditions which permitted the fever, and thus let it disappear from lack of fuel. It is not intended to convey the idea that all internal remedies are useless or harmful. Far from it; but it is contended that their importance is very often over-estimated. To my mind, proper diagnosis and proper prescribing depend upon a thorough working knowledge of physiological principles. If we know what is normal and what is abnormal, we are in a position to diagnose. If we know upon what the maintenance of physiological conditions depends we are in a position to prescribe.

Metabolism is defined as the process by which living cells or organisms incorporate the matters obtained from food into a part of their own tissues and the conversion of matter already incorporated into lower states of organization and ultimately into waste products. In other words, metabolism consists in the intimate chemical changes occurring in the different organs and tissues, upon which their nutrition and function depends. Flint says that when we know what life is we will understand metabolism. Real knowledge of the exact means by which the phenomena of metabolism are produced has advanced very little beyond this point. We know more about the processes, the functions and the laws of physiology, but little, if anything more, concerning the seeming intelligence which lies at the root of all of nature's processes. "The selective power of cells" is a phrase whose use demonstrates in itself the state of our ignorance, for it does nothing more than to admit the existence of some fundamental power which we do not understand. Theories abound, but most of them, like the phrase above, dodge the issue.

Now, admitting freely our ignorance upon cer-

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*Written for the Ohio State Homœopathic Society, May, 1906.

tain points, let us examine some of the things we do know, and study their relation to prescribing.

We know something regarding nearly all the processes occurring in the body, some of the laws governing them, and to a certain extent we can predict what will occur in different parts under given conditions. We know how blood pressure and flow may be modified, how different organs act under different conditions, what fluids digest food and what are excretory. We know the functions of most of the organs and the composition of their secretions. In other words, we are familiar with most of the functions of the body, and by comparison of these functions in many different individuals we know very nearly what is normal and what is not.

Thus in our study of physiology we learn how most of the functions are affected by physiological laws. We have found that there exists what may be termed the law of compensation; that is, nature is able, in case of a disturbance or change in one part, to balance it by a variation in some other part. Always, when external conditions are not too powerful, she maintains a balance. The point of value here lies in the fact that nature always makes the effort to equalize conditions. If we study the method by which nature works in a given case and follow up her efforts with our assistance we are sure to be on the right track.

Remedies, to be of real value, must be able to reach and act upon the tissues themselves. They must act in harmony with the normal processes of metabolism. The nature of their action must be such as to assist the vital process in question in a certain and definite manner. If the remedy reaches the intimate tissues in too crude a state, it acts as an irritant and poison, even though it be well chosen as regards the case in hand.

The law regarding what constitutes a proper diet is, that it should supply the necessary food in suitable form, sufficient to satisfy the needs of the body without waste. This is likewise true regarding remedies. They should supply the necessary substance in sufficient amounts to produce the desired effect without leaving a residue to irritate and produce toxic conditions. We, as homoœpaths, know that in our system of medicine we meet this demand with our potentized drug. Most of the failures to cure, in curable cases, arise, not from insufficient power on the part of the attenuated drug, but from our own incomplete knowledge of the principles governing the choice and action of our remedies, and a lack of definiteness regarding existing conditions in the patient.

Careful study of physiology teaches us how to diagnose, study of materia medica teaches us the action of drugs. The measure of the man is his ability to apply his knowledge.

Accepting then, as a basis for the successful treatment of disease, a thorough knowledge of physiological principles, our treatment naturally and harmoniously extends in two directions. One is the use of the potentized drug according to the law of similars, the other is an effort to regulate the functions of the body by physio-therapeutics.

The use of the potentized drug involves careful study of homoœpathic materia medica and therapeutics, and demands that the physician be not only fully confident of the truth underlying the law of similars, but that he should be willing to devote time and painstaking effort to its proper application. There is no question but that the properly chosen potentized remedy is a very powerful agent for good in the treatment of disease. The results at times are almost marvelous and the working of the homoœpathic law is as exact as a problem in mathematics. The greatest difficulty confronting the doctor is in the personal equation of the patient; that is, the varying effects produced in different subjects by an exhibition of the same drug. The solution of the problem lies in a study of the patient, his habits, peculiarities and general make-up. It is this personal equation which has rendered the mental symptoms of such infinite importance to homoœpathic prescribers.

Physio-therapeutics includes, among other considerations, diet, exercise, massage, manipulation, posturing, hydro-therapy, thermo-therapy and mental suggestion.

The consideration of proper diet and exercise hardly demand special attention in this article. Comparatively few physicians, however, place enough emphasis upon the necessity for the selection of a suitable diet for their patient, except in conditions generally recognized as being the outcome or concomitant of improper or excessive food, such as rheumatism, diabetes, dyspepsia, etc. Careful diet regulation is always essential in any condition of disturbed health. It requires special study of physiological dietary principles, and their application in the choice of a diet for the patient.

Exercise must be just as carefully prescribed as the diet. We all recognize the value of open air breathing exercises in incipient tuberculosis, and we have frequent evidence, in athletes, of the dangers of over-exercise. We must take all the conditions into account and prescribe accordingly.

The value of manipulation and posturing is self-evident. We can by manipulation replace displaced organs, stimulate peristalsis and, as it were, rearrange different parts of the body. The benefit and comfort derived from position treatment is especially to be noted in congested or inflamed conditions and should be borne in mind whenever such conditions prevail.

Massage is really a special branch of physio-therapy. It is a valuable adjunct to other measures and will reward investigation. I have found electro vibratory massage extremely helpful, especially in simple cases of constipation, torticollis, backache and rheumatic pains.

Hydro-therapy includes the use of water in any form, but in this paper the reference is to hot and cold applications, in the form of water packs, this including one branch of thermo-therapy. In circulatory disturbances attended by congestion or inflammation, whatever the location, superficial or deep, marked results are nearly always noted after the use of water packs. The use of hot applications in superficial inflammations, such as boils,

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bruises, strains, etc., is generally one of the first things thought of. We can just as readily affect the deeper organs, relax their vessels and decrease congestion as we can do so nearer the surface. Recently, in a case of chronic interstitial nephritis, I have seen, during the use of hot packs, albumen disappear entirely from the urine, urea increase from 3 per cent. to 2 per cent., and the other solids increase in proportion, while the twenty-four hours' urine was decreased from four quarts to four pints. Many other cases might be cited, but this is not a clinical paper. Some of the best results, however, have been obtained by this method, in congestions and inflammations of the spine, liver and kidneys. The pack should be applied for twenty minutes, at a temperature as high as the patient can bear. Two thicknesses of old blanket are first applied dry to the surface to be treated; over this are placed two thicknesses wrung out of nearly boiling water, and over this two more dry layers. These are allowed to remain five minutes, when the wet blanket should be exchanged for a fresh hot one, without removing the one next the skin. Three such changes give the required twenty minutes. The pack should generally be followed by a quick alcohol rub and a thorough drying of the parts.

The indication for the cold pack and the method of applying may be found in any good work on hydro-therapy. The above method of applying the hot pack has proven very satisfactory, and any of the recognized procedures may be modified to suit the individual case. Briefly, the effects of hot and cold application may be summed up as follows:

Cold is primarily depressant; secondarily, tonic.

Heat is primarily excitant; secondarily, atonic.

A short application increases the reaction.

A long application decreases the reaction.

Prolonged application increases the primary effect, in regard to cold applications, but with heat the effects are a combination of depression and excitation.

The general laws governing the effects of moist applications apply likewise to dry. The chief difference in effect between hot moist applications and dry ones is, that the moist one increases heat radiation to a much greater extent than does the dry. Dry heat may be applied in numerous ways. Latterly the electric light in various forms has been utilized to a great extent, and there are many kinds of apparatus on the market for this purpose.

Mental suggestion is an inevitable factor in the relations between doctor and patient. It has nothing in common with hypnotic suggestion, but is the natural result of the confidence which the patient places in his physician. The very fact of the calling in of a doctor implies belief in his superior knowledge and ability to relieve suffering. This constitutes the basis for suggestion, and supplies the necessary faith. Let a doctor go into a sick room, put on a solemn face, regret that the patient is so sick and hope he will be able to recover, expressing doubt of the outcome in every look and word that he utters. We all know the effect. On the other hand, if he assumes a cheerful air, is full of life and hope, takes it for granted that his patient is soon to be well, and leaves him with interest in life freshly aroused, his coming has been a tonic instead of a cold douche. This is one form of suggestion. and the variations are too numerous even to mention. Every dose of medicine, everything we do for a patient, carries with it the suggestion of help. If we fully appreciate this fact, we will endeavor to further the suggestion and thus always gave a tonic to the mind as well as to the body.

Christian science is able to accomplish some cures by working along this line. We, as physicians, are able to add it to our armamentarium without a label. thus increasing its efficacy, for it works unbeknown to the patient.

This paper has been along the line of suggestion. I am aware that there may be few, if any, new ideas. Consumption cures, serums, antitoxins, internal antiseptics come and go, heralded today, forgotten to-morrow. The nature of man remains much the same. The laws of health that pertain to-day were the same a hundred years ago. The greatest advance in medical knowledge, outside of surgery, has been in the field of sanitary science. Let us study physiology and Homœopathy and base our treatment upon a firm foundation. Theories may come and theories may go, but the laws of physiology are immutable, and Homœopathy conforms to the law of laws.

DIFFERENTIAL DIAGNOSIS OF VARIOLA AND VARICELLA.

BY T. L. HAZARD, M. D., IOWA CITY, IA.

Variola (*Small-pox*).	*Varicella* (*Chicken-pox*).
1. All ages.	1. Rare in adults.
2. Exposure to variola probable.	2. Exposure to varicella probable.
3. No previous attack of variola.	3. No previous attack of varicella.
4. Previously had varicella.	4. Previously had variola.
5. No exposure to varicella.	5. No exposure to variola.
6. Vaccination partly immunizes.	6. Vaccination does not immunize.
7. Usually begins with chill.	7. Usually does not.
8. Invasion three days.	8. Generally none.
9. Severe headache and backache.	9. Slight or lacking (except when complicated by la grippe, etc.).

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10. Initial temperature 102° or +.
11. Generally vomiting first stage.
12. Macular eruption precedes papules for one or two days.
13. Eruption first on face.
14. Eruption most on uncovered parts.
15. Eruption on palms and soles.
16. Eruption frequently preceded or accompanied by erysipelatous efflorescence.
17. Eruption spreads regularly.
18. Shot-like feel to coming eruption.
19. Stretched skin does not hide eruption.
20. Vesicles about sixth day.
21. Vesicles multicellular.
22. Most vesicles umbilicated.
23. Covering of vesicles tough.
24. Vesicles contain a milky fluid.
25. All vesicles become pustules.
26. Pustulation about eighth day.
27. Secondary fever about eighth day.
28. Offensive odor.
29. Pustules retain form after rupture.
30. Pustules form simultaneously and all mature at the same time.
31. Pustules non-umbilicated.
32. Average duration twenty-five days.

10. Slight or lacking.
11. Generally none.
12. Roseola spots not more than twenty-four hours before vesicles form.
13. First on body.
14. Most on back.
15. Usually not.
16. None.
17. Eruption comes in crops.
18. Not so marked or hard.
19. Generally does.
20. Papules vesiculate in a few hours.
21. Vesicles unicellular.
22. Few vesicles umbilicated.
23. Covering thin and easily broken.
24. Vesicles contain transparent fluid.
25. Possibly 1 in 50 becomes a pustule.
26. Pustulation about fourth day.
27. None.
28. None.
29. Collapse.
30. Papules, vesicles, pustules and desiccation seen at the same time.
31. Pseudo-umbilication of pustules from scratching.
32. Average duration seven days.

[Presented before Hahnemann Medical Association of Iowa, May, 1906.]

Gynaecology.

TWO CASES OF SUBMUCOUS FIBROIDS REMOVED THROUGH THE VAGINA, WITH COMMENTS.

BY JAMES C. WOOD, A. M., M. D., CLEVELAND, OHIO,

Professor of Surgical Gynæcology in the Cleveland Homœopathic Medical College.

Case I. In May of 1903 I was called in consultation to see Mrs. ———, æt. 37, a very large woman, who had up to the time of her illness been in comparatively good health. Some four weeks before I saw her she began to suffer from indefinite pains through the pelvis, there being some menorrhagia and a slight temperature. The temperature increased from day to day, and presented many of the characteristics of that of typhoid fever. She was under the care of a most able physician, one who is thoroughly up-to-date, and one who has done much creditable surgical work. To add to the confusion an examination of the urine gave positive signs of the Diazo reaction, and the Widal test was also positive. The physician watched the case from time to time, having made three or four pelvic examinations before I saw her. He well knew that she had a fibroid. The temperature curve, however, was so characteristic of typhoid that there was no hesitancy, especially after the pathologist's report, to pronounce the condition that disease. The tongue was heavily coated, there was alternate constipation and diarrhœa, the abdomen was distended, and I frankly confess that the picture was most misleading. Upon making a digital examination I found to my surprise a fibroid projecting from the cervix as large as a fœtal head. It was undergoing disintegration, and there was a nasty discharge from the vagina. I, of course, insisted upon removing the growth as speedily as possible. The patient was at once removed to the hospital, antiseptic douches were given, and preparations made for an early operation on the following day. However, after reaching the hospital the bearing down pains became so great that I decided to operate immediately. While the surgery was being prepared the patient remarked, "Doctor, I feel much easier." The suffering had subsided, although there was still pressure upon the bladder. A second examination showed that the tumor had been expelled into the vagina. It was so large that even with obstetric forceps it could not be delivered en masse. The uterus was thoroughly cleansed out and packed with iodoform gauze. The temperature at once dropped to normal, and within a week the patient was up and about. On the following January I found it necessary to do a currettage, a trachelorraphy and a perineorrhaphy, because of the fact that a nasty discharge continued from the uterus, and she continued to flow excessively. There was, too, a bad cystocele, which gave rise to incontinence of urine. The necessary surgical work upon the parts has left her entirely comfortable in every way.

Remarks: This case shows the embarrassing predicament in which the consultant may be placed. I am, of course, unable to explain why the pathologist who examined the urine and the blood found evidence of typhoid. It is entirely possible that the patient had typhoid, and that the extrusion of the

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fibroid occurred merely as a complication. It is well known that a septic condition may give rise to the Diazo test. I am frank to confess that it is more than probable that I should have been misled had the case been under my observation from the first instead of being under that of my able confrere. The attending physician would have recognized the difficulty had he made a digital examination immediately before I was called into the case. It must be remembered, however, that the symptoms so closely resembled typhoid that he did not deem another examination necessary after having made three or four previously. The condition was so easily recognized after I saw the patient that, in spite of all I could do or say, the attending physician was severely censured. Notwithstanding the fact, too, that I did everything within my power to protect him, he holds me responsible for the alienation of the family, and I have had his enmity since the experience. The case was certainly unique in its manifestation, and goes to prove how easily the best practitioner may be misled.

Case II. Submucous fibroid the size of a double fist removed through the vagina. Miss C———, æt. 34. She had had uterine hæmorrhage for four or five years so that she was. when I saw her, so bloodless that one could almost see through her hands and ears, and her skin was like wax. One year previously to the time I saw her, another specialist had curetted for menorrhagia, and told her at that time that she had a small fibroid which should be operated upon. Unfortunately she declined his advice and continued to flow, the hæmorrhage soon becoming more profuse than before the curettage. I first saw her in November of 1902. She was then having bearing down pains in the pelvis with profuse hæmorrhage, which had persisted for three or four weeks. The os was dilated to the size of a silver dollar, and through it a fibroid the size of the double fist could be felt. She was removed to the hospital, and I operated on November 21, 1902. The tumor was peeled from its bed with some difficulty, and the uterus left thoroughly clean. Hæmorrhage was controlled by hot saline irrigation, after which the uterine cavity was firmly packed with strips of iodoform gauze. A compress was placed over the fundus of the uterus and a bandage firmly applied. The patient was a good deal shocked from the loss of blood, but responded nicely to a saline infusion. Convalescence was ideal, and within six months she was perfectly well. The uterus had regained its normal size, and there was no leucorrhœa.

Comments: The two cases here reported show the possibilities of vaginal work in dealing with fibroids when they project into the uterine cavity, or protrude from the cervical canal. Unfortunately the surgeon will meet with but a very small per cent. of uterine fibroids which can be thus dealt with. Indeed, the loss of blood which came so near costing this patient her life called for operative interference long before she submitted to the curettage, one year before I saw her. It is true that by waiting she has saved her uterus and her ovaries, a conservation which is not to be lightly considered. Nevertheless, it was hardly worth the risk which she ran. Abdominal hysterectomy is to-day such a simple and safe procedure that even though the growth projects into the uterine cavity it is safer to open the abdomen and remove it from above after incising the uterus than to work in the dark as one has to do through the vagina. When the growth is clearly pedunculated and partially projects into the vagina it certainly would not be good surgery to subject the patient to an abdominal section.

It must not be forgotten that in the larger number of cases uterine fibroids are multiple, and that the patient is in danger of having a return of her old symptoms if the uterus is left behind. There are other factors which must be taken into consideration in dealing with individual cases. The age of the patient, her desire to have children, the accessibility of the uterus through the vagina, and its inaccessibility through the abdomen in case of abnormally large women, as in the first case reported. Personally, I do not meet with many instances where it seems feasible to operate through the vagina. An abdominal hysterectomy can easily be done in twenty or thirty minutes by an experienced surgeon, if complications do not prevail. One does not know just what injury he may do to the uterus by working through the vagina. He is liable to perforate the organ, thereby infecting the peritoneum.

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Psychiatry.

SOME CONSIDERATIONS OF THE INSANITIES.

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I know that insanity is a disorder that has heretofore had but little interest to the medical practitioner, and this because the symptoms are often of such character as to make it almost impossible for him to keep the patient at home under his own care, and, on the other hand, because the study of mental diseases along scientific lines has been only recently taken up in a satisfactory manner. As to the first objection, there are many minor mental disorders that fall to the family physician's especial province. It may be of some interest to review their severer related disorders. Many of the milder cases of the insanities, too, we find, after their admission, for later attacks have treated through one or more attacks at home, and this often with great advantage to the patient, who is not regarded as having been insane at all, and who finds many avenues of advancement open to him after a few weeks' treatment for so-called nervous break down, which he would be likely to find closed, for a time at least, after a sojourn at an asylum. But psychiatry has been barren. The books devoted to it contained little for the active doctor. Hippocrates had divided the insanities into mania and melancholia, and mania and melancholia they have since remained, though at successive periods the most contradictory symptoms have been ascribed to each name. In

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English speaking countries, however, all states of elation and excitement have been called mania, and all cases with mental depression, sadness or worry melancholia. But a very little observation shows that sadness, for instance, may come from a great variety of causes, and may be a symptom of very different disease processes. Then many cases of mental disorder have both periods of sadness and periods of elation. Joy and sorrow do not complete the gamut of human emotions, and insane persons as well as sane are often neither especially happy nor especially sad.

On the whole, then, the attempt to diagnose mental diseases on a single superficial symptom, the emotional content, quite breaks down, as any attempt to classify disease on a single subjective symptom might be expected to do. Mania and melancholia are now to be regarded only as more or less useful names for symptoms, but not in any sense as names of diseases. With this idea, all these centuries in coming, a new interest has been aroused in the insanities. Individual cases are now studied on their merits, as in other departments of medicine. The whole course of cases is studied to learn their relationships to each other and to the problems of growth, nutrition and disease. Where ten years ago psychiatry lay without essential advance in fifty years, now interest in it revives on every side, and neurological societies are giving over much of their time to the discussion of psychiatricial subjects. I plan to review some of these advances.

We have said that the manias and melancholias in the old sense were composite. A study of their content shows that the excitements of one type may be relied on to recover, while those of another type lead to mental failures, more or less complete; often so great as to totally destroy the patient's activities, interests and usefulness. This mental failure is what is called dementia, and when once developed it is a permanent state. Dementia in the medical sense you will remember means not as often in a legal sense all insanity, but only the permanent loss of mental power from disease of the mind. These two groups, one practically sure to recover and one tending to deterioration, each formerly classified partially in melancholia and partially in mania, have been separated and described by Kraplin, a German alienist, whose views, based on the clinical analysis of cases, have been received with much favor. He calls the recoverable group which presents a tendency to alternating states manic-depressive insanity, and the group tending to mental failure dementia præcox, which, being translated, means early dementia.

To pursue this topic further, cases spoken of as circular insanity have long been described. That is, there are patients who have periods of noisy excitement; periods of profound depression, and normal intervals, and who tend without apparent exciting cause to go around and around this circle again and again. That is typical mania and melancholia in the old sense alternate, time and again, but these patients, though their attacks are many and severe, do not become demented. Now a close scrutiny of other depressions and excitements discloses the significant fact that those which recover are of the same symptomatology as this circular insanity. Moreover, cases whose severe attacks take only the form of mania or melancholia are found to present the alternate state in mild degree, not severely enough to be considered insane. Finally, there are cases which have at one time symptoms such as are usually found either in the depressed or in the elated or manic syndrome. Because of these similarities all these cases are grouped as manic-depressive insanity.

In the manic phase the patient is active, busy, talks and laughs a great deal, sleeps little, is usually happy, but, as a rule, unstable and easily momentarily depressed or angered. His talk runs on from subject to subject, being led by sound associations, rhymes, hackneyed thoughts or trivial events. The connections between one topic and the next are, as a rule, easily seen, but there is no especial object to the whole incessant discourse. The patient talks as he moves about, not because he has any steady purpose, but because he can keep neither his body nor his tongue still. He says and does all that comes in his head with little self-restraint, and is distracted this way and that by every passing event.

This is of all degrees of severity from slight over business such as many men in active life show periodically, and such as has not infrequently marked the previous history of the cases, to inability to keep to one train of thought long enough for the patient to get his own food in his mouth.

Unless so severe as to lead to death from exhaustion, it may be confidently predicted that such a patient will become lucid again, but with a strong probability that the insanity will recur, either in the same form or as a depression. Recovery may come in a few days or weeks. More often three to six months are required, and attacks of two or three years' duration are not very uncommon. There is the same variability about the relapses. Sometimes it occurs early and sometimes it does not occur at all, though the patient may live for many years.

If manic-depressive usually develops or recurs as a depression, its symptoms are almost equally characteristic, and diametrically opposed to those of the form just described. The patient tends to be sad rather than worried or afraid. Speech and activity are reduced. Where associations formerly flowed so freely they are now almost blocked. There is retardation in speech and action. He speaks with difficulty and a sense of effort, where before he could not keep still at all. If any serious thought is required, as in making calculations, he is totally unable to accomplish what in other states would be done with ease.

We have cases of this psychosis, who in the many years they have been under observation have had dozens of attacks of greater or less severity. One case hase recetly gone home entirely well for the time being who has to various asylums been committed ten times in all.

Manic-depressive insanity, including atypical allied states, furnished 18 per cent. of our admissions last year.

On the other hand stands dementia praecox: 18

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per cent. of our admissions come under this head. Upon superficial examination, these cases often seem maniacal or depressed. But if noisy and excited instead of the association from topic to topic as in manic-depressive insanity we find the stream of thought broken up. There is real incoherence, and the talk is senseless and absurd. What seems to be mirth is hollow and transient. Outbreaks of activity often are apropos of nothing at all. Or if the patient appear depressed it is usually only an appearance based on sitting apathetically about, looking into his lap, without speech. Such patients can move freely enough, and often do so in response to some passing thought or perhaps at the call to dinner, but commonly they lack interest enough to do anything with vim. All their few remaining interests tend to subside to a lower plane. While not uniformly retarded as are depressed manic-depressives, they may simulate this condition. They often utterly refuse to speak for days, weeks, or even years at a time. It may result from vacuity of mind or from obstinacy or negativism, as it is called. Others obstinately resist anything done for them. Nothing is seen of the resistance until some attempt is made to move such a patient, then if raised up he resists, and resists again if laid down. He holds on senselessly to the soiled shirt which is being removed, and equally senselessly resists having another put on. Others are cataleptic, and keep for a time any position in which an extremity is placed. Resistance, mutism and catalepsy are closely associated.

It is in dementia praecox of the acute psychoses that delusions are especially held. Manic cases often make boastful and extravagant statements, but they do not quite believe them themselves. The dementia praecox delusions partake of the senseless and absurdly impossible character, and often are mystical in their nature. It would be an interesting study could some one gather the data of sane mysticism to compare with the mystic ideas of hysteria and dementia praecox, but for this we will have to await a better normal psychology. This mysticism tends to express itself in religious delusions and vagaries. Others tend rather to think themselves important persons, and that they are persecuted, followed by enemies, that they are poisoned, their bodies decayed or changed, or that there are voices within them. All these ideas have the dementia praecox characteristics of not being well thought out and logical but vague and hit or miss, dilapidated. In the average case they become less and less coherent, the patient's apathy and indifference increase, the delusions fall into the background, and he sinks into a greater or less degree of mental torpor. This is dementia, and varies in degree. One patient is not quite the man that he was before, while another is completely apathetic, without speech, care of person or interest in his surroundings, and often failure is so great that clothing is wet and soiled and allowed to remain so without the slightest attention on the patient's part.

Dementia praecox is a disease of early life. Most cases develop before thirty, and a majority are well developed before the age of twenty-five. In general, the younger cases tend to the more incoherent type, and to the profoundest dementias. Some 15 to 25 per cent. make partial recoveries, quite good ones in perhaps 10 per cent. of the cases, though at best very few will be found without peculiarities. This awakens no surpirse, however, as dementia praecox develops largely in persons who were peculiar before.

The older cases of dementia praecox, twenty-five years of age and upwards, tend to the persecutory or paranoid form, and rarely make even an approximate recovery. It is a fairly safe generalization that no matter how mild the other symptoms may appear to be, that delusions of persecutions, poison or being watched or followed by detectives, of being operated on by witches, electricity, wireless telegraphy or other unseen agencies, especially if for some imaginary purpose, are of poor prognosis, as far as recovery goes, unless they have come from excesses in alcohol, when, as a rule, they subside with a few months' abstinence. Persons with these delusions in a mild form do not fail rapidly in their general mental power, and can in many instances go on with their accustomed work for years. Such notions are not uncommon, especially in persons past forty, and we think that unless threatening or unbearable at home that they should not be committed, for treatment promises very little. The lines of their thought are permanently set, and they feel their confinement and the loss of friends and of home ties.

The term melancholia or more often involutional melancholia is now used to include not all depressions but a certain group of them occurring, as a rule, in persons past forty. This depression does not alternate with attacks of excitement, and the patients are restless and afraid instead of quietly sad, as in the typical manic-depressive attack. Usually they come on with worry over some real event with sleeplessness, and, finally, continual uneasiness, fear of harm, intense internal anxiety, restlessness and worry. They are often associated with arterio-sclerosis, and especially with high blood pressure; and often the original worry arises over serious events, which cannot be repaired, as the loss of fortune when old age is at hand, the death or disgrace of children, etc., and naturally mental disorders on such a foundation are not of as good prognosis as some other depressions. This state of mind is found about five times as often in women as in men. It constitutes 6 per cent. of our admissions, and two years' experience gave a recovery rate of 35 per cent.

As yet we have made little reference to the causes of insanity, and in truth the problem is a most complex one. The minor incidents of everyday life set down in so many tables as if they were the simple and easily determined causes apply to so many persons, perhaps with greater force, to so many persons who never become insane, and are of such variety and so contradictory that they cannot be any more than the exciting incidents or chance coincidents, bringing to view what has deeper and more essential causes. There are many reasons for thinking the forms just considered are the mental

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reaction of certain types of disposition to their environment. We have just seen how the melancholias of old age develop out of trouble and worry, and I would not give the impression that there is any sharp line of demarkation. On the contrary there are all sorts of transition cases. Normal fretting passes by insensible degrees to states of uncontrollable restlessness, and hourly fear of death and torture. Again, as to the manic-depressive insanity, who does not know persons who for weeks or months are busy, talkative and companionable, efficient in work, often brilliant, but subject to periods of blues, to times of unaccountable dejection or "nervous prostration." And these states succeed each other on the most trivial causes, or on none at all. Here is the analogue of manic-depressive insanity. In fully developed cases we sometimes get a history of such alternations in what was considered health, or more often one or the other predominates, and thus sets the general emotional tone.

Dementia praecox seems even more clearly to develop on a constitutional basis. The patients give a history of prolonged peculiarity. Especially are they dreamers or lack practical efficiency. Some do well in routine studies, but not in things calling for vigor of mind, clear thought, or trenchant analysis. Vague musical or artistic tastes are feebly cultivated in preference to a grasp of realities. Often there are several members in a family suffering from this condition, and where the family tendency falls short of actual insanity other members may be found to show haziness of thought. A lack of keen interests characterizes those who succumb to this psychosis, while they are still considered sane. On such a foundation a strain of any kind seems to be able to so upset the feeble processes of mind as to throw them into incoherence, then further bad habits of thought keep up the positive alienation. No strain is more pernicious than the sexual one; the urgings of the instinct, the drains of masturbation, the mental conflicts which result from religious and social training, tend to be more than the weak mind can think through, and to leave it floundering in a maze. No question is oftener asked than the influence of masturbation in causing insanity, and we think that it is almost exclusively in dementia praecox that it is an important cause. Here we think that it is many times the cause of the breakdown. causing the naturally inferior mental endowment to give way. The genesis of such cases indicates that they may not be expected to make very perfect recoveries, and many fail to improve at all, so they make up a large part of the human wreckage permanently resident in every asylum.

Post mortem, absolutely no anatomical changes have been found in manic-depressive insanity. In old cases of dementia praecox shrinkage and pigmentary in cortical cells have been described. The cases, however, died of intercurrent diseases, and our knowledge does not enable us to interpret the meaning of such changes should subsequent investigation bear them out. Autotoxic theories as to its cause are in general favor but lack evidence as to what the toxins are.

All this then leads us to consider the insanities less as something quite different from normal thought than as such modifications of normal dispositions and temperaments as make persons no longer suitable members of our everyday society. As a matter of fact, we find most insane people if well managed presenting in the main just such thoughts and activities as any one else with only some unusual or exaggerated traits which differ from those of their sane relatives and from humanity at large, rather in degree than in kind. A growing appreciation of this though not always clearly seen is responsible for the change in our institutions for the insane. The older alienists are asking, "Where are our madhouses?" They were madhouses when they proceeded on the assumption that they had to do with dangerous lunatics, some sort of wild, strange creatures who must be restrained at all cost. Now as hospitals they find themselves caring for a heterogeneous mass of more or less peculiar individuals, each with his own particular tastes and desires, and, if you please, notions, to be indulged when reasonable, persons who are entitled to be considered about themselves, and when this consideration is given the madman is gone for the most part.

A number of the so-called nervous diseases or neuroses are psycho-neuroses, and take their origin largely in the mind. Hysteria is recognized on all sides as a mental disorder, and has been so analyzed by Janet as to show that it has its basis in disturbance of the subconscious mental life with a tendency to double consciousness. Neurasthenia is no less a mental disease, a rapid exhaustibility, numerous bodily symptoms on a suggestive basis, which may as well be regarded as delusions as the things which are so regarded. But they are delusions that harm only himself, and an asylum would be of no benefit to the neurasthenic, ample reasons for not regarding him as legally insane or for not confining him. Hypochondriasis is closely allied. Finally there is the psychasethenic group, as they are coming to be called. the cases that have been written of as on the borderland of insanity. This includes the cases who find themselves compelled to do certain things, as to touch certain objects, to stand in certain places, to wash and clean interminably, or to repeat each act a given number of times Others fear to go out alone,or have a fear of closed places, or fear that they yield to some inexplicable impulse as to strike some one, give poison, or, perhaps, jump from a height. Some have ideas forced into their minds against their wills, as religious or sexual symbols. Many sexual perverts belong in this group. All these cases remain coherent, and not infrequently have superior gifts in one way or another. Upon the whole, they are, on the average, just about as capable of successfully managing their affairs as an equal number of persons selected at random from the city directory, yet they present glaring mental abnormalities, which serve to show how the types of insanity fade into those of mere peculiarity, and these in turn into sanity.

While it is possible that as so often said that everyone is just a little bit insane, we regard it as a much more useful point of view to say that every

insane person has in his make-up a great deal of sanity, for when it is so expressed it is evident at once that a correct management of his case will so order his life as to occupy the sane side as fully and as exclusively as possible.

The conditions already discussed do not exhaust the conditions that are committed as insane. There is the infective-exhaustive group, cases with delirium, such as is seen in low fevers, sometimes after an infectious disease, but prolonged after the subsidence of the fever, and sometimes a similar delirious state develops from simple hard work, worry and physicial exhaustion. We have also seen it after a blow on the head. Such deliria, as a rule, subside in a few weeks if carefully nursed and terminate in full recovery.

Alcohol is an important cause of insanity, though not to the extent that the temperance orators used to say. Last year of 235 admissions about 10 per cent. were regarded as alcoholic. Insanity from this cause appears in several symptomological forms, but they are quite characteristic. The form the symptoms take seems governed to a degree by the kind of liquor taken, and to an even greater degree by the characteristics of the patient.

In considering the whole of mental disorders delirium tremens will be regarded as an acute alcoholic hallucinosis, but owing to its brief duration it is not generally regarded legally as an insanity, nor as a suitable basis for commitment. Other cases have similar but less active hallucinations, usually voices, lasting over weeks, months, and sometimes years, but with ultimate recovery in almost all instances. Persons of a suspicious cast of mind, under the prolonged influence of alcoholics, either with or without hearing voices, develop delusions that they are persecuted, poisoned, and very often of infidelity of marital partners. Even these cases are fairly favorable. A certain dulling of the intellectual facu'ties and a loss of fine feeling characterizes all chronic alcoholics. A certain number are committed on this ground, but with doubtful validity, except perhaps in extreme cases; but there is a form of dementia which comes especially after alcoholic multiple neuritis, the so-called Korsakoff's phychosis, in which total loss of passing memories occur, and the gaps filled in by free fabrications. Excepting this last form the alcoholic insanities are of good prognosis except for their tendency to relapse under renewed indulgences.

Another form of insanity is general paresis, which is not like those so far considered a mere group of symptoms commonly found together nor the result of some particular causative agent, but a definite pathological entity. Krafft Ebing summed up its causes as syphilization and civilization, that is, the stress of modern life, but probably only after a specific infection. The grounds for this belief are much the same as for the similar belief concerning locomotor ataxia, with which you are no doubt familiar. The two processes are similar except that paresis attacks the brain, sometimes with ataxic degeneration of the cord, but more often with more extensive but non-systemic degenerations. The brain cortex of paretics is evidently wasted to the naked eye, its cells are atrophic, their lamination deranged, the cortical blood vessels are more numerous and infiltrated with foreign cells. The process is progressive and leads to increasing bodily weakness, failure of memory and judgment, and in the more typical cases to delusions of impossible wealth, or of great strength, so that when in reality perhaps the poor man cannot rise unaided from his bed, he boasts in thickened speech of his money and of his power. The paralysis early involves the organs of speech and articulation, especially of long words becomes impaired. There is fibrillary twitching, especially of the tongue and lips. The paretic cannot write or leaves out words and letters, and with the progress of the case writing becomes a scrawl. In the late stages sphincter control is lost. Unless death is hastened by intercurrent disease or by attacks of convulsions such as often characterize its course, the unfortunate patient gradually fails (perhaps with periods of remission) until he is a helpless, bed-ridden dement, finally relieved by death Three years from the onset of the first noticed symptom is our average duration.

Paresis makes up 6¾ per cent. of the admissions in New York State, and most of these cases are men. Each one means a death at the prime of life, for paresis is a disease of middle life, thirty-five to forty-five being the time of most frequent onset. Physicians in family practice in America have little chance to familiarize themselves with this disease, but abroad it is more common. In some English, Danish and German institutions paretics furnish from 25 to 35 per cent. of the admissions. It is important that it be recognized early, as often the incipient paretic has wasted his fortune in foolish purchases or schemes or indulged in dissipations so foreign to his habitual conduct as to injure his good name and to make his family ashamed.

In the early stage of paresis there oftenest complaints of nervousness, weakness and exhaustibility. Any man of middle age, who, with these symptoms, shows occasional slips in pronunciation or in writing, if he forgets important engagements, occasionally shows poor judgment in his business, if he forgets the niceties of manner or becomes careless in his choice of companions, especially if his pupils are unequal or react sluggishly to light, and if his knee jerks are absent or greatly exaggerated, should be kept under watchful scrutiny. Many such men have proven to be paretics, but too often it is found out only when the incompetent man has disgraced himself or beggared his children.

A word as to senile mental failure. The brain, poorly nourished because of arterio-sclerosis, thinks poorly, becomes confused, and forgets. Even without arterial changes the cerebral cells atrophy in advanced age, and childishness supervenes. Institutions for the insane were never intended to care for all these cases. They would have to be greatly enlarged were any such attempt to be made. There is a great and growing tendency to send the dotard to the asylum. He, or more often she, is no comfort in the home, and an unceasing and thankless care. We cannot quite blame their friends for wanting to be rid of them, and there is not room in the

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asylum. New York State specifically, and other States constructively, do not regard dotage as an insanity within the meaning of the statute, and only admit such cases as by reason of extreme restlessness or active delusions cannot be cared for at home. This furnishes no hard and fast line, but leaves each case to be determined on its merits.

At Middletown, since 1874, when the hospital was opened, we have been trying to treat the insanities of which the foregoing is a brief and incomplete resume on homœopathic principles. In that time much has been learned of the natural course of mental diseases, and we now know that like other diseases, as, for instance, typhoid fever, they have their flood and ebb, and that some forms if only kept alive are sure to be again sane, and that some others have proven resistant to our best efforts. We have come to see, too, how improvement in other cases comes just as any change in point of view or opinion comes as a result of a wider knowledge, of education away from fears and delusions, or how mental symptoms are closely associated with physical states. Then, too, one never knows quite surely when a patient is well. One man will call a case recovered when some symptoms have subsided, while another, seeing still unchanged peculiarities of character and disposition which give rise to the symptoms, will scarcely regard him as improved. Allowing for all this, and we do not think that it applies to ourselves more than to others, we have reason to be well pleased with our record. The figures may be easily compared since October 1, 1888, up to September 30, 1904, the last year for which the State commission's in lunacy report is yet published. In these sixteen years all of the New York State hospitals have admitted a total of 84,152 patients, and discharged 18.5 per cent., or 15,675, as recovered. Middletown in the same period admitted 4,173 and discharged recovered 36.6 per cent., or 1,515. Roughly speaking, we have cared for 1-20 of the patients and furnished 1-10 of the recoveries.

It has been argued that differences of judgment rather than better treatment and really better results may be the explanation of these figures. We can only say that we try to be honest with ourselves in discharging our patients. No comparisons as to the present comparative condition of patients discharged recovered from different institutions are available. It is possible, however, to compare deaths, and here the comparison is definite and unmistakable. There can be no mistake about what cases are really dead.

In all the hospitals for the same period as above the deaths are 30.6 per sent. of the admissions. At Middletown they are 24.63 per cent. of the admissions. Excluding cases of general paresis who are sure to die the figures are 27.8 per cent, for all the hospitals, and 21.4 for Midd'etown. No transfer movement has occurred to explain it, and it is not due to an advantage as to age, for the Middletown average age of admission is a year higher than the general average, 42.42 and 41.41 years, respectively. Middletown patients at death are of an average age of 54.36 years. In all the hospitals at large the average age at death since 1888 has been 47.68 years. That the general mortality is about 30 per cent. higher than ours, and that our patients who are only one year older than the average on admission are nearly seven years older at death, may, I think, be fairly credited to our treatment. For it might be expected that our death rate would exceed the average, as at Middletown 41.7 per cent. of the patients have been confined for more than ten years against only 25.8 per cent. as the average in all the hospitals of patients who have been admitted more than ten years.

Some hints from hospital experience may be useful to any who have to do with insane persons. One initial mistake often made is to attempt to deceive the patient. It is usually a failure and destroys his confidence. It is best to tell the truth and explain its reasons in a polite and considerate manner. The patient takes much of his manner from those about him. It is absurd to expect one whose mind is deranged in any manner to exercise more forebearance and good judgment than the sane persons about him, yet how often in inexperienced hands is this quite unconsciously expected. That it takes two persons to quarrel, fight or struggle is scarcely less true because one of them happens to be insane. Force is a last resort. To resort to it too early, too often, or too long at a time makes needless trouble. The first necessity in any prolonged case is a nurse who understands this and who will substitute tact, kindliness and constant watchfulness. Violent cases will be much easier treated in bed than about. There are many less incidents to excite, and strength which tends to exhaust itself is better preserved. Cases who will not remain in bed may be restrained there. This was often done a few years ago, but now straight jackets and safety sheets are for the most part a thing of the past. Hydrotherapeutic measures are more quieting and contribute toward recovery. The pack and the continuous tub bath are most used. The materials for the pack may be found in any household. A sheet and a stout blanket only are required. The naked body is enveloped in the sheet wrung from hot or cold water, with the arms down close to the sides and separated from the chest by a thickness of the sheet, and over all the blanket is tightly wound and secured by safety pins. The head should be kept wet with cold water. Well applied it effectually restrains the most violent patient. It should be removed in from two to four hours, and renewed only when necessary.

Even more efficient is the prolonged hot bath. Any good sized bath tub will do. The patient is simply placed in water at a temperature of 94 to 95 degrees, and the water kept at that temperature by frequently adding a little more warm water. He may well be fed in the tub, and by supporting the body and head in a canvas swing he may sleep there as well. In European clinics patients have been treated as long as a whole year in the bath. Ordinarily a few hours at a time suffice. It is remarkable to see how soon noisy, restless patients become quiet in a tub of hot water, and how readily they are induced to remain there. It will help over hard places in caring for acute cases of this character.

Depressed cases are also well treated in bed where

the ever-present danger of suicide is minimized. The warm bath, too, will be found to alleviate, temporarily, restless cases especially, we think, those with high arterial tension. The frequently advised travel, diversion, attempts at amusement at any cost, orders to brace up, etc., we regard as useless or harmful, except perhaps in the mildest cases, where a change of scene and new interests may be beneficial. In any severe depression quiet, rest and improved physical health to be followed by leading the patient into pleasant pursuits is an outline of a more successful treatment.

Remedies are prescribed on their ordinary indications. We rely strictly on homœopathic medication, and have no experience with anything else to quote. Even sleeplessness we manage without hypnotics, and we have come not to worry about the loss of sleep if the appetite continues good and strength is maintained. We think that a considerable share of our success has sprung from not using poisonous drugs in such conditions.

In review we may say that the insanities are receiving more study than at any previous time, and that the old names mania and melancholia are passing away. Under the influence of this study, they are giving place to a nomenclature based on a more detailed symptomatology. From the symptoms of a mental disorder we are able to form within certain limits a fair idea of its probable course and outcome. The greater study of symptomatology is tending to a fuller individualization of cases, leading to useful direct appeals to the personality of the patient. The homœopathic treatment of insanity has been found a conspicuous success, a high recovery rate and a low death rate has marked the operations of the Middletown State Homœopathic Hospital. We think the insanities closely related to states spoken of as nervousness only, and believe that the milder cases may be treated at home with great advantage.

Diagnosis.

THE COLLECTION AND PRESERVATION OF URINE FOR ANALYSIS.

BY CLIFFORD MITCHELL, M. D.,

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I think it can hardly be denied that the examination of urine has become a necessity in medical and in surgical practice. How an intelligent opinion can be formed with regard to the entire condition of a patient without the knowledge gained from examination of the urine is more than I can understand. Nevertheless, in spite of the large amount of urine analysis which is made, we may find contradictions in the reports of a given case by different analysts, which, to a certain extent, are discouraging, in some cases disheartening. For example, a patient once said to me: "Eight doctors have examined my urine; seven say I'm all right, and one says I have Bright's disease; where am I at?" On investigating his statement I found that the seven who said he was "all right" had one after another "tested" single samples of his urine, voided usually in the morning on rising, but the eighth had made a chemical and microscopical examination of the whole twenty-four hours' collection. This is about the proportion of incomplete to complete examinations which we generally find existing. When to this is added the proportion of inexperience to experience the sum is one which is not wholly gratifying. But as in every other field of human intelligence progress in the right direction is slowly but surely gaining ground, and the average medical sophomore of to-day is I think better informed in regard to the urine than I was when I began to teach urine analysis. Much, however, remains to be done by way of giving instruction to nurses to whom the collection and preservation of the urine is so often left. In my annual course of lectures to the nurses of Hahnemann Hospital I aim to make this matter the ground work of their instruction. So much depends upon the way in which the urine is collected that too much stress can not be laid upon this all important subject. The analyst has troubles of his own. He needs to have the urine which is supplied to him collected and preserved in the most careful manner, otherwise to his own difficulties are added uncertainties which may vitiate his report. The clinician depends upon the analyst, he in turn upon the nurse or patient. Every one of these must do his part and do it carefully. A negative finding in the case of any patient's urine is the one which always causes me the greatest concern, owing to the tendency of human nature to look upon a favorable report of almost anything with complacency. A narrow escape which I once had from causing serious trouble by virtue of this complacency here occurs to me. A father about to send his son away to school for a year brought to me a single sample of the boy's urine voided in the morning. I tested it for albumin, and found a plain trace. I also examined the sediment for casts, and found none. I was, therefore, inclined to look upon the case as one of functional albuminuria occasionally found in boys, and told the father that there was probably no nephritis. The father thought the matter over for a moment, and said: "Would it be safe to send him away to school?" This question I was unwilling to answer without further information. I took the same sample of urine and examined a considerable number of slides for tube-casts. On one slide, and on one only, I found several granular casts, which, as is often the case, were grouped together. I then asked for a complete twenty-four hours' collection of the urine, and had no difficulty in finding casts in this. The boy went on, to have a typical case of acute nephritis of moderate severity, and had a slight attack of coma about a week later, at which time innumerable casts were present in the urine. How many such cases escape detection in the beginning from lack of rigid care no one knows, but there must be many.

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The chances, however, of missing the diagnosis where the urine is carefully collected and preserved are comparatively slight, when at the same time a thorough examination, chemical and microscopical, is made. Something is likely to be found which will arouse the suspicions of the experienced analyst and lead to further investigation. If there is an error at all, it will be more likely to occur on the safe side. But in the examination of a small "bottle of urine" so many opportunities of all sorts for error exist that we can not condemn in too severe language the habit which some clinicians have of relying on the results of such an incomplete method of collection. As Dr. Frank Wieland wittily observes, "the urine is an elusive fluid." It requires all our care, intelligence and experience to draw a correct conclusion from an analysis, and the sword of Damocles is always over the analyst suspended by the thin thread of unforeseen circumstances. That this thread shall not be weakened by the strain of carelessness of inexperience in the collection of the urine is one of vital import to us all.

Some reasons why we need the whole twenty-four hours' urine collected, with the day and night in separate, clean bottles and supplemented by the addition in another bottle of a freshly voided sample, are as follows:

1. Bacteria multiply in urine almost as soon as it is voided, respond to delicate tests for albumin and convert tube-casts into zoogloea masses unrecognizable as casts. Hence the necessity for the fresh sample of urine properly preserved, if sent from a distance.

2. We must know whether the patient is unaccountably excreting more urine during the night hours than during the day, in which case some toxæmia is likely to be present.

3. We must know whether the night urine is unaccountably paler than the day, in which case something is wrong, and a toxæmia probably present.

4. We must know whether the day urine diluted by the fluid drunk during the day is still much more acid than the concentrated night urine, in which case a tendency to acid intoxications as a result of improper dietary may be suspected.

5. We must have the day urine separately collected from the night in order to detect small quantities of sugar and traces of albumin, which, if the whole twenty-four hours' urine were collected in one receiver, might escape detection, if absent in the night quantity which in turn dilutes the day.

6. We must know whether the specific gravity of the night urine is unaccountably lower than that of the day, in which case suspect toxæmia, as in 2 and 3.

7. We must have the day urine and the fresh urine in separate bottles from the night in order to facilitate the detection of tube-casts, which are sometimes present in the first two and absent from the last.

8. If tube-casts are present at all they can hardly escape detection if we examine the day urine, the night urine and the fresh urine separately.

9. We must have the fresh urine in order to know whether it is clear or cloudy when the patient voids it, whether it is acid or alkaline, and whether crystals found in the day or night are also present in the fresh. The day urine is necessarily from twelve to twenty-four hours old by the time we receive it for analysis, and the presence of crystals in it may be due wholly to changes resulting from more or less exposure to the air.

10. We must have the freshly voided urine in order to control any peculiar odor which we may find in the others. Such an odor if present in the day and not in the fresh suggests change from exposure to air and presence of bacteria rather than from any change within the body.

11. We must have the freshly voided urine so as to determine whether crystals of uric acid found in it are sharp and spiny, suggesting renal calculus. Such crystals, originally sharp in the other two, may, on standing, lose their sharp points by the solvent action of the urine.

12. We must have the day and the fresh urines in order to find a small number of blood corpuscles voided only after physical exertion, and hence perhaps, absent during the night.

13. We must have the night urine separate from the day in all cases of hæmaturia, as presence of blood in equal or greater amount in the night is suggestive of renal tuberculosis when tube-casts are absent.

14. We must have the night urine separate from the day in order to decide whether spermatozoa, if present, are only in the night or also in the day and fresh.

15. In all cases of diabetes mellitus we must have the day urine separate from the night in order to ascertain whether the sugar is absent or in small amount in the night but abundant in the day, in which case we know that the diet is faulty. With a trace of sugar or none at all at night, and less than one per cent. in the day, we know that the patient is adhering to the diet, and that the latter is a good one.

16. We must have the day and night urine separately collected in order to test for diacetic acid (in cases of diabetes mellitus), which, if abundantly present in both day and night, shows a grave condition.

17. We must have the day urine separate from the night in order to test for indican in it as a test of intestinal indigestion.

18. We must have the whole twenty four hours' urine in order to determine by quantitative analysis what relation of solids to fluids exists; a deficiency of solids indicating deficient elimination of waste matters as in anæmia, debility or toxæmia. But we must also know the age, weight and condition of appetite of the patient in order that circumstances of metabolism may not account for an apparent discrepancy in the ratio of solids to fluids.

19. We must have the whole twenty-four hours' urine in order to determine the total quantity of urea, an abundance of which may be regarded in a surgical case as a good sign, other things being equal.

20. We must have the whole twenty-four hours'

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urine in order to determine the ratio of urea to phosphoric acid; where the amount of urea is subnormal a ratio of urea to phosphoric acid. 13 to 1 or upwards, suggests nervous debility or contracted kidney, and when around 20 to 1, Addison's disease.

21. We must have the whole twenty-four hours' urine in order to determine the ratio of urea to uric acid, which, if below 40 to 1, is suggestive of faulty dietary, of hepatic disorders, of the condition vaguely known as lithæmia, and, perhaps, of calculus; in the case of women this low ratio also suggests reflexes from uterine disorders.

22. We must have the whole twenty-four hours' urine in order to determine the total amount of chlorides, an elimination of from 10 to 15 gm., of which per twenty-four hours indicates a good condition of appetite and digestion, but a persistently small amount the reverse, hence the latter is usually a bad prognostic sign in chronic diseases, and suggests an unfavorable subject for surgical operations. Absence of chlorides is noticed in some acute exudative diseases, and mere traces only are to be found sometimes in the course of various acute infectious disorders.

In order to insure the collection of the urine for thorough analysis I give the following directions as published often elsewhere in various journal articles and books of mine: The patient is to void urine on final rising in the morning, and to begin the collection after breakfast on an empty bladder. All the urine voided from breakfast to bedtime, inclusive, is to be collected in a bottle labelled "day urine," and provided with a clean cork. All the urine voided from bedtime until breakfast the next morning is to be collected in a bottle labelled "night urine." The patient sends or brings the collection to me as soon as convenient, adding a sample of urine freshly voided in a third bottle labelled "extra."

Certain directions further must be given. The patient should void urine before going to stool in order to avoid loss, which in some cases may be considerable. Women should, whenever possible, take pains to avoid admixture of vaginal fluids with the freshly voided sample. Patients during the collection period of twenty-four hours should take the customary amount of exercise and eat and drink as usual, but those who habitually drink large amounts of fluid should reduce the quantity to a minimum on account of the danger of dissolving tube-casts in an excess of fluid. The age, weight and condition of appetite of the patient should be noted by memoranda on the labels of the bottles.

When urine is sent from out of town various circumstances conspire to defeat the purpose of the analyst. In the first place, therefore, some preservative should be added in definite amount to the "extra" sample of urine. I am in the habit of furnishing out of town patients and physicians with a small envelope containing the proper amount of preservative necessary to keep three or four ounces of urine indefinitely, so that urine reaches me from all parts of the country in as good condition as when voided, provided the bottle used is clean, the cork clean, and the preservative added as soon as the urine is voided.

Tardy delivery by express companies may be prevented by marking the package "Perishable—rush," and breakage by "Glass, with care." It is also advisable to calculate the time of arrival of the package so that it may not be received late on Saturday, on Sunday or on a legal holiday. In all out-of-town cases notice of the shipment of the package should be sent by mail with memoranda of the history and clinical symptoms. When such precautions as to collection, preservation and forwarding are taken, the work of the analyst becomes easier, and the clinical value of his report far greater.

Homoeopathics.

HOMŒOPATHY EXPLAINED.

BY H. A. WATTS, M. D., CHICO, CAL.

The many inquiries concerning Homœopathy and the many misconceptions among both the regular profession and the people of what it really is has led the writer to prepare this essay in order to give inquirers the desired information as concisely and plainly at the breadth of the subject and its technicalities will allow, and to correct many prevailing erroneous ideas that have been scattered broadcast by its enemies.

Homœopathy is a branch of medical knowledge. It does not directly concern the various departments or specialties into which modern medicine is divided. It works in harmony with all and antagonizes none. It pertains to the application of drugs, to the cure of disease and to that alone. Considered in its true relation to medicine in general it is a specialty, the specialty of materia medica and therapeutics, and like all specialties requires full knowlege of medicine in general, but of the specialty in particular.

The requirements of preliminary education, the prescribed courses of study in the medical colleges and the standards demanded for acquiring the medical degree are identical in the allopathic and homœopathic schools, and the records of ten years of State board medical examinations prove that neither school has any claim whatever to superiority of educational attainments. So far both are equally well trained, but the Homœopath goes a step farther, and it is a very long step. In addition to all his allopathic brother has learned the Homœopath has had four years' training in homœopathic medicine. He is as familiar with allopathic methods as the allopath himself, and could practice the "regular" way just as well, but he has had, along with his regular course, four years of special work besides. Moreover he has studied drug action to an extent, both in the number considered and in the depth and accuracy of detail but little imagined by his allopathic competitor. The homœopathic practitioner is perfectly familiar with both allopathy and Ho-

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mœopathy. The usual allopath knows allopathy alone.

The American Institute of Homœopathy has made the following definitions official:

1. A Regular Physician. A graduate of a regularly incorporated medical college. The term applies to a person practicing the healing art in accordance with the laws of the country in which he resides.

2. A Homœopathic Physician. A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœoptahic therapeutics and observes the law of similars. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right.

Since Homœopathy pertains alone to the giving of drugs for the cure of the sick, the following discussion will not relate in any way to physiology, chemistry, surgery, massage, electricity, hydrotherapy nor to any of the branches of medical science or methods of treatment outside of drug action.

Homœopathy is as old as medicine itself. It was known to Hippocrates and recognized by many of his followers through all the ages. It remained, however, for Samuel Hahnemann in about 1796 to formulate the principle and apply it as a practical working law. He was a physician and a professor of chemistry in the University of Leipsic. He was considered the leading chemist of Europe, and in general scientific and intellectual attainments was without a peer. Jean Paul Richter has spoken of him as "that prodigy of philosophy and learning."

The fundamental basis of Homœopathy is a law of nature, a law as fixed as the law of gravity or any other natural law. This is known as "the law of similars:" "similars are cured by similars." This simply means that a drug that has the power to cause certain definite symptoms in the healthy will cure similar symptoms when found in the sick. For example: Ipecac given to healthy people in sufficiently large doses will cause a certain type of vomiting. It is a well known fact that small doses of ipecac will promptly stop similar attacks of vomiting when found in the sick. Again, Belladonna given in large doses to well people will cause a violent throbbing headache with a red face and throbbing arteries in the neck. When a headache with similar symptoms is found Belladonna will relieve it promptly.

The writer declares advisedly and without fear of sucessful contradiction that Homœopathy is the only scientific method of medicinal treatment. To those who have not made a study of the matter this will seem a bold and perhaps a rash statement. but let us look at the facts.

Science is systematized knowledge.

Homœopathy is the only system of medicine on earth that even claims the existence of a law of cure or of any definite system. The allopath declares there is no law of cure and can be none. as if everything in this great universe is controlled by wise unerring laws except in this one matter the most important of all that concerns mankind. Surely a most strange fallacy. In the law of similars Homœopathy presents this law, and it can be demonstrated as easily as any other natural law in any branch of the natural sciences. It has stood the test of over one hundred years of practical daily application, continuously and rapidly gained the adherence of the cultured class, and to-day is the constant guide in practice of over 15,000 American physicians many of whom were educated in allopathic schools and practiced that method with wide distinction for many years.

Homœopathy is the only system of medicine that determines the exact action of drugs by experiments upon the healthy human body.

Every drug given homœopathically has been "proven," that is, given to healthy people until morbid symptoms have developed. The accurate record of these symptoms common to a large number of "provers" constitute the homœopathic materia medica. Such a record based alone upon scientific observations is never obsolete. As far as they go the records of a hundred years ago are just as true and accurate as those of to-day, and will so continue for all time. It may be mentioned here in contrast that it is a well known fact that the allopathic materia medica, lacking a scientific basis of construction, becomes practically useless at least once in every twenty years.

The Homœopath, alone, understanding the principle upon which drugs cure disease, and armed with a materia medica, accurate, constant and eternally true, is far better equipped to contend with disease than his allopathic brother. New forms of disease present no special difficulties. For example, Hahnemann before he had ever seen a case ofcholera stated through his knowledge of Homœopathy what drugs would be most efficacious. When cholera later visited Europe the application of this law reduced the prevailing mortality of 66 per cent. to 33 per cent. To those who have observed the methods and results of treatment in the two schools la grippe presents a striking modern instance.

It is not the writer's purpose to attack the dominant system of medicine, but let us see what some of the most distinguished allopaths in the world have themselves said about the scientific nature of their own school:

Prof. H. C. Wood in his "Treatise on Therapeutics" says: "The old and tried method in therapeutics is that of empiricism, or, if the term sounds harsh, of clinical experience. Therapeutics developed in this manner cannot, however, rest upon a secure foundation.

"Experience is said to be the mother of wisdom. Verily she has been in medicine the blind leader of the blind, and the history of medical progress is the history of men groping in the darkness, finding seeming gems of truth, one after the other, only in a few minutes to be cast back into the vast heap of baubles that in their day had also been mistaken for verities."

Wilks, an English authority, says: "There is no doctrine of therapeutics."

Prof. Virchow has said: "We have no rational therapeutics."

The Weekly Medical Gazette, of Vienna, says: "Building goes on briskly at the therapeutic tower of Babel. What one recommends another condemns. What one gives in large doses another scarce dares prescribe in small doses, and what one vaunts as a novelty another thinks not worth rescuing from

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merited oblivion; all is confusion, contradiction, inconceivable chaos. Every country, every place, almost every doctor, has his own pet remedies, without which he imagines his patients cannot be cured, and all this changes every year; aye, every month."

These allopathic quotations reveal conditions in marked contrast to those existing in the homœopathic school with its fixed law for a constant guide and its stability of methods.

Not only is the homœopathic school the only scientific one, but the writer further declares without hesitation that the allopathic school, outside the Homœopathy it practices in blindness, has no curative medicines whatever. By a "cure" the writer means the complete and permanent eradication of morbid sensations and conditions in diseases that would not get well of themselves in time. Suppose a patient has dyspepsia. He may take either some artificial digestant like pepsin to do the digesting for him or a sedative, which numbs the nerves of sensation so he is no longer conscious of distress, usual allopathic methods, and he feels well as long as he takes the medicine. When the medicine is stopped the trouble returns as bad as before. Or some drug may be selected which has caused just such symptoms in the healthy, the homœopathic way, and the distress gradually disappears, and as long as the habits are temperate there is no return and the patient is cured. In the former case he was merely palliated.

Allopathy is mostly palliation. The few drugs used in that school which have a real curative action are called "alteratives," and are thus defined: "This term has been applied to a class of drugs which have been found empirically to have a slow but certain effect in certain diseases or diatheses, the relation of their action being unknown."

When the rational action of the "alteratives" is investigated it is seen that in all cases the symptom producing power is similar to the conditions cured. The writer has searched allopathic literature and has not yet found one exception to this rule. Thus, strip allopathy of its unconscious Homœopathy and nothing remains but pure palliation.

In spite of the earnest work of investigation being done in the allopathic school Homœopathy has been in its lead by over one hundred years, but this research is slowly but surely leading it to the homœopathic position, which has been the object of its derision for so many years.

Hahnemann was the first to inaugurate the non-restraint measures of dealing with the insane. This reform has won universal acceptance.

The homœopathic doctrine that disease is dynamic and not material is now being preached by many allopathic leaders who give the credit of this idea to Prof. Virchow, but it is a matter of plain record that Hahnemann taught it most unequivocally before Virchow was born.

Virchow's doctrine of cell pathology which was promulgated sixteen years after Hahnemann's death merely confirmed in a material way what Hahnemann had taught from a philosophical standpoint.

Hahnemann's invetsigations were the first applications of the inductive methods that have made the nineteenth century so famous and for the first time in the world's history he made a science of medicine.

A pamphlet bearing the stamp of the American Medical Association (allopathic) says: "Homœopathy has done a noble work. It has served its purpose well. Look back one hundred years to the time of its birth and contrast the methods of practice then in vogue with those that are in favor to-day and tell me whether a stupendous revolution has not been wrought and largely through the instrumentality of Samuel Hahnemann."

It is only very recently that the homœopathic method of studying drug action has been advocated by some of the leaders of the allopathic school.

The allopathic journals frequently discuss the "discovery" of "new" drugs which have a wonderful effect upon certain conditions. It is a matter of indisputable record that very frequently these same drugs have been used for identical conditions by Homœopaths for seventy-five or a hundred years, and can be easily found in text-books of that age, and are to-day carried in the cases of nearly all the Homœopaths in the land. Glonoin, Aesculus and Apis are some of the more recent instances.

Even such a high authority as Virchow has stated that serum therapy has its basis in Homœopathy.

Just a word on the matter of dosage. This one point more than anything else has stood in the way of the universal acceptance of Homœopathy. It is a rule of homœopathic practice to give the smallest dose that will accomplish the desired effect. On the other hand, it appears to be an unwritten rule of allopathy to give the largest dose that the system can tolerate. It needs no discussion to prove that the former is preferable from every possible standpoint. The old remark, "I can not make you well until I have first made you sicker," heard too often even at this day, is a relic of the dark ages.

To deny that the doses of the Homœopaths are effective is to question the intelligence of some of the most brilliant minds in the profession, and none but a fool would continue to use methods year after year whose results were negative, especially when many have formerly practiced the old way, and are in a position to compare results. If the homœopathic doses fail to accomplish the desired results then the Homœopaths would lose many more patients than the allopaths, but an opponent, Prof. Osler, says: "Nobody has ever claimed that the mortality among homœopathic practitioners was greater than among those of the regular school."

Whenever we consider the principle upon which the homœopathic prescription is made it can be seen that a comparatively small dose is an absolute necessity else the medicine would cause an aggravation.

The opponents of Homœopathy almost always begin their arguments by attacking the small dose in spite of the fact that Homœopathy is a matter of similarity between the disease and the drug, and the small dose has nothing to do with the question whatever. The small dose never makes a prescription homœopathic, and many a homœopathic prescription is not given in a small dose.

Let us look, from the standpoint of the patient, at a few of the therapeutical advantages of the homœopathic system.

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Homœopathic medicines act directly upon the organ diseased and upon no other. In contrast, Sharp in his "tracts" has described the usual allopathic way: "A patient is suffering from cough, medicines called expectorants are prescribed. At the next visit the cough is somewhat relieved, but the expectorants have unfortunately produced nausea, and the appetite is gone; mineral acids are ordered to improve the tone of the system and restore the appetite. At the following visit the appetite is better but the mucous membrane of the bowels has become irritated by the acids and diarrhœa is produced; to check this astringents must be given, which have occasioned by the time of the next visit a return or aggravation of the cough, and the round is recommenced."

Homœopathy acts directly upon the cause, and does not mask symptoms with sedatives and opiates which so depress and numb the patient that the pain can not be felt, leaving the pain and original cause untouched.

Based upon a fixed law of nature and assisted by a very long list of drugs its scope of application in curable diseases is limited only by the knowledge of the individual practitioner.

Many conditions which allopathy is powerless to touch are permanently cured by this method. For example, the various types of dyspepsia, bowel troubles, both of diarrhœa or chronic constipation, ordinary colds, rheumatism, neuralgias and many other common ailments. Allopathic authorities readily acknowledge they have no curative medicines for these conditions.

Homœopathy has no sympathy with the famous precept. "Bleed, blister, puke and purge," and its methods are always pleasant to both children and adults.

Homœopathy protests against the very common abuse of calomel, which almost all allopathic patients get sooner or later—"sooner" as a rule. It is usually wholly unnecessary, adds to the distress by making a sick patient sicker, and rarely accomplishes any good. Thousands of cases of ulcerated gums, loosened teeth and aching bones add their protests.

Homœopathy is able to make the period of pregnancy one of health, with freedom from most of the discomforts which so many accept as a necessity.

Homœopathy can prevent surgical operations by curing with medicine many conditions that are otherwise amenable to the knife only, and surgical cases treated homœopathically have superior chances of well doing.

Homœopathy is economical. It has no necessity for the expensive combinations of large quantities of drugs, prescribed one day to be thrown into the garbage heap the next, with the accompanying large druggist's bills.

Homœopathy saves time. In the case of some of the large corporations that have turned over their medical departments to Homœopathy, it has been found that the number of days lost by the employes on account of sickness is materially less than under the old way.

Homœopathy has no part in the making of "dope fiends"—victims of the morphine and other drug habits—who are increasing with alarming rapidity.

It was a "down east" farmer who was credited with saying: "I don't give a gol darn for science. What I want is relief." The ability to give relief is the final test of the whole matter. Let us see briefly what statistics show as to the power of Homœopathy to give relief.

Reference has already been made to the fact that Homœopathy reduced the mortality of cholera from 66 per cent. to 33 per cent. This was in Vienna. In England Homœopathy reduced it from 59.2 per cent. to 16.4 per cent.

The usual mortality of yellow fever is 28.7 per cent. The Homœopaths in Louisiana have a record of from 5.66 to 7.67 per cent., and in Rio Janiero of 7 per cent.

Some years ago Routh (allopathic) gave the allopathic mortality of pneumonia as 23 per cent., and the homœopathic as 5 per cent. Sir Douglas Powell (allopath) has declared the rate has remained unaltered for fifty years. Another set of figures gives the allopathic rate as 29 per cent., and the homœopathic as 6.3 per cent.

Of the New York insane asylums the percentages of cures to discharges in the homœopathic institution (Middletown), 47.60 per cent., were 15.13 per cent. greater than the best allopathic showing.

In Massachusetts the lead was 7 per cent.

In Minnesota the lead was 21.02 per cent.

The record of sixty-four allopathic hospitals shows a mortality of a little under 10 per cent. In twenty-four homœopathic hospitals the mortality is just about one-half of this.

If Homœopathy can make such a splendid showing in coping with some of the worst forms of disease that afflict mankind there need be no fear as to its prower to deal with the minor ailments.

Ophthalmology.

SOME EYE AND EAR NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Recently after removing a pterygium from a woman's eye there was a great deal of inflammation of the conjunctiva, although the operation had been done as aseptically as possible. After the inflammation subsided the conjunctiva appeared as it does in a case of hæmorrhage into the conjunctiva. Arnica internally was prescribed but with no results. I finally had an aqueous tincture of Arnica made, and used it locally. In twenty-four hours the blood clot had disappeared, and the patient has entirely recovered.

All oculists are troubled with the blood clot, which forms after the removal of a chalazion, the patient often fearing that the operation has not been a success. In several cases lately I have swabbed out the cavity with adrenalin, 1 to 1000, as soon as the sac had been destroyed with the curette, and in only one

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case has any blood clot formed, and that was a sma'l one and soon absorbed. One case was a professional reader, who came to me in great distress, as her eye looked so bad, as she expressed it, and as she was to give a recital the next evening. I removed the chalazion and then thoroughly swabbed out the cavity with the adrenalin, and the next morning it was impossible to see that anything had been wrong with the eye.

In exophthalmic goitre the tincture of Lycopus, in ten drop doses, four times a day, has given excellent results, the goitre diminishing in size, the protrusion of the eyes being less prominent and the heart's action becoming more regular and slower. One case in the clinic at the Chicago Homœopathic College practically recovered under Lycopus, although she was treated under the most unfavorable conditions. Another case in Iowa is slowly recovering after she had been told by her old school doctors that she could live but a short time.

For tinnitus aurium with sclerosis and catarrhal deafness I am using vibration over the mastoid and over the external meatus. The tinnitus has been greatly lessened in several cases, and the hearing has increased markedly. In one case the hearing went from twelve inches to thirty-six inches in a week, and there was no return of the deafness or tinnitus until almost a year afterwards when she gave birth to a healthy boy. Since then there has been some diminution in hearing. While there has been improvement in all of my cases this was the most marked one. Any vibrator can be used, but I have used the Globe Air Vibrator, using fifty pounds of pressure, and giving the treatment once a week for five minutes. Between treatments with the vibrator I massage the ear with 50 per cent. boroglyceride, as suggested by Dr. Edgar J. George. Internally I usually give Hecla lava, although I am not confined to that one drug, using whatever is indicated, but most frequently Hecla lava seems to be called for.

Chronic purulent otitis media has been cured lately by the indicated remedy internally, and by dioxygen dropped into the ear followed by a 10 per cent. solution of oxychlorine twice a day. Where there is granulation tissue, after removing it, resorcin, saturated solution, should be applied, and the canal dusted with oxychlorine powder. The resorcin and oxychlorine powder should be used twice a week until the granulation tissue has all been destroyed. The medicines most commonly called for are Psorinum, Sulphur, Mercurius solubilis and Silicea.

A TRIBUTE.

BY T. P. WILSON, M. D.

To the memory of Samuel Hahnemann.

Whose genius threw o'er earth unfading light,
Who spoke the magic word that gave to man
The power to scatter wide chaotic night.

All nations of the earth shall yet be filled
With joy to hear the wondrous story;
The splendor of universal Truth shall gild
His ever-widening path of glory.

Detroit.

Obstetrics.

TERRY'S METHOD OF MANUAL ROTARY DILATATION —CONTRASTED WITH THE HARRIS PROCEDURE.

M. O. TERRY, M. D. (EX-SURGEON GENERAL OF THE S. N. Y.), MAMARONECK, N. Y.

Can Women Escape Pain in Parturition?

Dr. L. L. Danforth, of New York, read an article before the American Institute of Homœopathy and International Congress of Physicians and Surgeons, before the Obstetrical Section, at Atlantic City, during its session in September, 1906, which considered the progress and the various methods resorted to up-to-date for the purpose of assisting women at the culmination of labor. His paper showed extensive research, and the instruments which he exhibited represented the most recent thoughts up-to-date. I have no criticism as to the systematic method used in the elaboration of this subject; in fact, it gives me pleasure to compliment the author for his very excellent paped. I read a paper before the semi-annual meeting of the Homœopathic Medical Society of the State of New York, held in New York City during September, 1904, entitled "Can Women Escape Pain in Parturition," before the Obstetrical Bureau of that Society. Dr. L. L. Danforth, the same gentleman who read the paper just referred to, was Chairman of that Bureau. He made no remarks upon the paper, but Dr. J. W. LeSeur, of Batavia, N. Y., did, which will be appended to the article, read following the quotation of it. One would naturally suppose that a professor of obstetrics, at the time I read my paper, would have expressed himself then, stating that there was nothing new in the paper, or that the method which I advocated was one quite generally in use, or simply a modification of that of Philander Harris, but he did not. There is no critisism so severe as the let-alone criticism. When, therefore, Dr. Danforth, at Atlantic City, passed over the salient points of my paper, which was, so far as I know, a new method of procedure, and one more efficacious than any other ever devised, when, therefore, he attempted to belittle it by ignoring it, and by further claiming that it is nothing but a method which the average physician of intelligence used, it was calculated to bring me to my feet, and to cause me to express my opinion of his method of ignoring what I considered as an original procedure as that of Philander Harris, and one which was successful, wherein Philander Harris's method failed. I took the position on that occasion that although in the preparation of the paper, where it seemed best, it was well, it was proper to quote from any authority to show the familiarity and to cover the whole ground in regard to that subject; yet I had become convinced, and it had seemed to be the rule to ignore what had been done by members of the homœopathic school, and that from that moment I had determined to be recognized for any original thing which I might have done, and that I intended that every

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surgeon and physician of our school should be credited for everything original which they had brought before the medical profession. This subject came up at the Central New York Society, held in Syracuse two years ago, and when I expressed my views covering this method, a physician from the country said that he had used oil, and had done about what I had stated I do in assisting during the stages of labor. Then I challenged him, saying, that if in public at any time, or if in any article he had written, or if by any citation he could find a method described as rotary dilitation, I would gladly give him, or any other physician or surgeon, credit for the same and withdraw my claim for originality. The gentleman failed to do so. As Dr. Danforth, at Atlantic City, misquoted Dr. Harris's method, which I supposed he did at the time, I herewith quote his, Dr. Harris's method as taken from the work on Obstetrics, by Dr. J. Whitridge Williams:

"If labor has already begun and the upper portion of the cervical canal obliterated, most excellent results are obtained by the method of manual dilatation suggested by Philander A. Harris. But if labor has not set in and the cervix is hard and rigid, the operation may be extremely difficult, and if dilitation be effected by brute force it is frequently accompanied by deep tears through the cervix and occasionally through the lower uterine segment, which may lead to the death of the patient from hæmorrhage or infection. Generally speaking, if the index finger can be carried through the internal os dilatation can be readily accomplished by this method. Moreover, if the cervical canal is soft and yielding, although too narrow to admit the finger, the first stage of dilatation may be effected by means of a steel dilator and completed by the Harris method. On the other hand, if the cervix be cartilaginous in consistency, or instrumental dilatation proves more difficult than was expected, then the operation should be abandoned as presenting more danger than does expectant treatment.

"At the time of operation the patient should be profoundly anæsthetized and the aseptic technique most rigorous.

"One hand, thoroughly anointed with sterile vaseline, is introduced into the vagina, and the index finger carried up to the cervical canal and slowly pressed through the internal os, after which the tips of the index and second fingers are passed into the cervical canal, gradually dilating it as well as the internal os. When this has been accomplished completion of dilatation is usually comparatively easy. The thumb is pushed past the index finger with much the same motion as is employed in snapping one's fingers; then, as dilatation progresses, pass two, three, and finally, all four fingers."

1. Can women escape normal labor pain at parturition?

2. Has a law been evolved which will do away with the agonizing features of childbirth?

3. Oil in its relation to relaxation of muscular fibres.

4. Manual rotary dilation.

It is now more than fifteen years since I began my observations on the value of oleaginous material as a relaxant and as an assistant to the elasticity of muscular fibres. My first thought on this subject was the result of an experience in consultation with a physician in a case of so-called dry labor. The doctor called me for the purpose of securing my services for instrumental delivery. My examination revealed a condition not uncommon in which the muscular fibres resist and become irritated under the normal process of labor, as a result of which there exists exaggeration of temperature, and, at times, an œdematous state of the parts supervene. I had slipped a pound of vaseline into my pocket, and requested the doctor to allow me to use it freely and defer instrumental delivery for a short period. The method pursued on this occasion was the introduction of vaseline in as large quantities as was possible, the same being passed into the neck of the uterus, during the cessation of pains, by a rotary manipulation. This being done we took a stroll for half an huor, and on our return arrived none too soon to greet the advent of the new born babe, which occurred without instrumental assistance.

I have never been able to dislodge from my mind the importance of that experience, which has since proved the basis of a philosophic fact bearing upon other conditions of a surgical nature.

A case quite similar to the one just cited occurred within two years, that of a surgeon's wife. The surgeon was very apprehensive, fearing laceration, but would allow nothing to be done, preferring nature to take her course, and simply desiring my presence for its moral effect. After a period of the usual severe pains incident to a primipara, the doctor accepted my suggestions and allowed me to use a lubricant, which speedily led to a relaxation of the parts, and the woman was delivered with instruments without rupture. In this case I simply pushed back the tissues, between pains, and used about a quart of sweet oil, insinuating the same by the method described in the preceding case, namely, rotary dilatation.

Before describing the case, which really was the primary thought for this article, I wish to illustrate the principle of relaxation of tissues in other surgical emergencies. My first citation is that of an old gentleman, eighty-five years of age, who had worn a truss for many years for the purpose of retaining a right scrotal hernia. On this occasion I was called in consultation, the hernia having been out three days, and the patient not being able to reduce the same as he had on previous occasions. I found the parts so intensely swollen, red and inflamed, that it gave one the impression of a marked case of hydrocele. I immediately suggested herniotomy, which was refused by patient and his wife, he stating that he was too old and could not live through a surgical operation, feeling confident at the same time that I could suggest some measures, which, if carried out, would relieve him. The parts were thoroughly lubricated with oil, which was absorbed by using a hot shovel, as near the parts as

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could be tolerated, after which flax seed poultices kept hot were applied, and continued for two days. An ounce of sweet oil, followed by a glass of hot water, was given every three hours. and with hips elevated a high or colon enema of one pint of sweet oil was given every twelve hours; no food being allowed. On the morning of the second day I noted that the patient was not worse, and that there was just a shade of improvement. On the morning of the third day, the same treatment being continued, the entire area showed such a marked decrease of inflammatory action that I determined on a reduction, and under the use of chloroform the hernia was returned with scarcely a manipulation.

One more case to illustrate the relaxation of tissues under oil, before showing the adaptation of this principle to cases of childbirth, the aim being to carry a parturient woman through successfully without laceration or the usual pains, nature's labor being supplanted by lubrication and rotary dilatation.

I was called about midnight, some five years since, to see a young man of about twenty-five years of age, who had an acute strangulated right scrotal hernia. I found the patient suffering excruciating pain, and taxis was immediately instituted for the reduction of the same. Failing in this, the hour being late, and the surroundings unpropitious for an operation of so much moment, I concluded that I was justified, in view of my experience in the methods heretofore explained in the previous case, in placing the patient under relaxation treatment until morning, giving at the same time aconite, for the temperature had risen to 103°. The next day the patient was much more comfortable, temperature reduced to 101°, and he continued to improve, the symptoms of strangulation lessening for four days, at which time he was free from inflammatory action and pain. Having proven, to my own satisfaction, that the danger incident to the strangulation of a gut could be thwarted and failing to reduce the hernia, the patient was conveyed to the hospital and the operation of herniotomy was performed. I wish to remark right here that the intestine showed no sign of destructive inflammation. The patient made a happy recovery.

It will be noted that I have outlined the development of the philosophy of the relaxation of tissues under oil by illustrated cases. It now remains for me to explain what I have in mind, the manipulatory method by which women at childbirth may be relieved of the child without the painful efforts of nature. One case, it may be said, hardly furnishes sufficient evidence to warrant one in establishing a theory which claims to accomplish so much. For this reason I have illustrated the growth of this general principle of relaxation of tissues under lubricants as it has developed in my experience. It is to be hoped that I am not mistaken in believing this to be a comparatively universal law, and that most cases of parturition can be carried through as the one which I shall now present for your consideration, or to such an extent as may be desired by the mother.

I received a telephone message three weeks since requesting me to be at the hospital at a certain hour as the patient was on her way, some ten miles out, having uræmic convulsions. I arrived at the hospital soon after the patient was received, and found her physician administering chloroform in order to control the convulsions. He stated that her term of gestation was considered to be complete within three days. She had had no pains. I asked the doctor what he desired me to do, and he replied: "Anything to save the life of the woman, and the child also, if possible." The ordinary procedures published and accepted as legitimate, when the induction of labor seemed indicated and was made necessary by existing circumstances, were discussed between us, but did not seem adequate to the occasion. The doctor was quite positive in his conviction that ordinary methods would be of no avail, and begged me to institute any measures which in my opinion would speedily deliver the woman.

Taking my position in front of the patient—she was turned crosswise on the bed, with legs flexed, as in the position for instrumental delivery—and with fully a pound of vaseline at my side, I began the process of insinuating the same into the vaginal outlet. The cervix was not at all dilated, and presented no indication of labor. I was soon able to introduce my finger into the same, after using a sound, and then began what I have denominated a rotary manipulatory dilatation. The parts yielded comparatively rapid, the interior of the os being thoroughly lubricated, and under a similar process of manipulation the vagina and os began to show marked signs of relaxation, but no contractions were at any time present in this case. I became exceedingly interested in what I was doing, even under the trying circumstances presented at that moment. I could soon enter my hand, and arm for that matter, into the vagina, and as soon as the os was sufficiently dilated the forceps were placed in the high position and the child delivered alive and in full vigor. There was a laceration. From the beginning, when I took my position in front of the patient, until the completion of the entire operation, was just one hour and twenty minutes. She was unconscious for two days after delivery, but left the hospital four weeks from the day of entrance in excellant condition and nursing her baby. A chemical analysis and microscopical examination of the urine showed it to be normal, although, as might have been expected, early examination showed marked albuminuria.

In closing permit me to say that the assumption herein maintained of the probable establishment of we shall be benefited by carrying out some of the matter, however, to the profession, hoping that I have made no mistake in estimating the value of the method herein explained in its relation to the parturient period, and that the mother and the accoucher may alike receive the benefit of what we have been led to think is an advanced thought on humanitarian lines.

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Discussion.

J. W. LeSeur: Mr. Chairman—Whatever method,

by whatever means the pains of parturition may be lessened, we certainly ought to hail with delight any advance in that direction, and unquestionably the doctor's experience entitles him to speak ex cathedra and with authority, and without doubt the method he has outlined is one that may be productive of beneficial results. I feel personally indebted to the doctor for his admirable paper, and believe we shall be benefited by carrying out some of the suggestions that he has made. I am not sanguine, however, that we shall find all the beneficial results that we desire from this method, but I do believe that substantial advancement may be made along the highway of progress, which the doctor has so successfully trodden and which he has so clearly pointed out to us.

John L. Moffat: I was very unfortunate, Mr. Chairman, that I could not be here and hear this paper this morning. In behalf of others like myself, I ask if Dr. Terry would kindly give us in a few words a condensation of this paper?

M. O. Terry: Mr. Chairman and Members—Dr. LeSeur has spoken so well of my paper that it is really with a great amount of diffidence I approach the subject again. The principle I tried to elucidate this morning was that tissues were acted upon and relaxed under an oleaginous material. Please consider, therefore, two things, three, if you like. The first is the oleaginous material, the second is the method of applying it to the tissues, and then after it has been introduced and has come in contact with the head of the child, or the vagina, or the uterus, instead of pressing in the inner cervix or vagina in this way (indicating), a rotary method, like the Spencerian curves in writing, is carried out, and it is astonishing how the tissues will relax. It was only last Friday that I was called to see a case of a woman who had two children previously. I think I was called at four in the afternoon at her previous confinement, four years ago, and she was delivered at seven the next morning. Friday I was called at 2 o'clock P. M., but saw no reason for remaining in the house, and stated so to them.' I, therefore, returned to my office. I was called again at 3:30 A. M. Still I saw no reason for remaining, but they insisted upon my doing so. Being on duty I thought I would try to do something to help matters along. Taking my seat beside the woman I applied vaseline very freely, which relieved the patient so much she would not allow me to leave her bedside. It was 4:20 P. M. when I began to make the application, and at 6 o'clock she was delivered—an hour and forty minutes. She had scarcely any pain, that is, that gave her any great discomfort. Now, here is an illustration of the principle in a modified form. What I claim in addition is what I have not stated with any degree of emphasis, that it will prevent laceration.

The National Society of Physical Therapeutics.

It is a well known fact that homœopathic physicians actuated by the progressive spirit that actuates them as a class, are good customers of the manufacturers of apparatus used for physical therapeutics. It is undoubtedly true that at least a thousand Homœopaths daily use one or more of the therapeutic measures which range themselves under this department of medical practice, and every one of them should be enrolled in the National Society of Physical Therapeutics, the one organization that has stood for the development of this line of work among homœopathic practitioners. The dues are but one dollar a year, and this entitles the member to a printed report of the business transacted, and of the papers and discussions offered at the annual meeting. Anyone interested in this line of work is bound to get many a hint, each of which is worth much more than the membership fee. Membership is open to all practitioners who are members of any local, State or national medical society. Applications, accompanied by the first year's dues, can be sent to any member of the executive committee: Hills Cole, M. D., President, 1748 Broadway, New York; Rollin H. Stevens, M. D., Detroit, and W. H. Dieffenbach, M. D., New York, Vice-Presidents; Annie R. Higbie, M. D., Treasurer, 158 W. 76th street, New York; John D. Boileau, M. D. Secretary, 804 Lehigh avenue, Philadelphia; W. H King, M. D., and J. Oscoe Chase, M. D., New York. It may perhaps be added that the National Society of Physical Therapeutists is the outgrowth of the National Society of Electro-therapeutists, the scope of the latter organization having been enlarged and its name changed at the annual meeting held in Niagara Falls.

Societies.

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY OF CHICAGO.

The first monthly meeting after the summer vacation occurred Tuesday evening, October 9th, at the Sherman House. Dr. A. C. Cowperthwaite gave an inaugural address clearly stating the object and purpose of the society and defining his position in relation thereto.

The addresses were well received, and greater enthusiasm than ever before manifested characterized the meeting. Dr. Cowperthwaite expressed regret that some good men continued to be prejudiced against the society and its work because they had been misinformed and deceived by foolish reports circulated by those unfriendly to the society.

At the close of the address the president called Dr. H. C. Allen "to the bar," and in a few appropriate remarks called attention to the fact that Dr. Allen had for forty-five years practiced medicine, and during the greater part of that time had been faithful to the law of similia by a consistent practice and an avowed public support of Homœopathy. "Now that Dr. Allen has just passed his three score and tenth milestone the Regular Homœopathic Medical Society has asked me to present to you a token of their respect and love," and a gold mounted cane was placed in the hand of the host, who, though entirely surprised, responded in an appreciative manner.

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Thus the first meeting of the present year was opened, and later a program was presented consisting of reports from delegates who had represented the R. H. M. S. at the I. H. A. and A. I. H. These reports were discussed at considerable length, all agreeing that both meetings had been of unusual interest, and Homœopathy had been well represented.

Dr. Harvey Farrington next presented a paper entitled "A Study of Arsenicum." A paper upon "How to Take the Case" was to have been read by Dr. Allen, but on account of the lateness of the hour a motion prevailed to defer this part of the program until the next meeting, November 13th, when the entire evening will be given to this subject of taking the case, with clinical cases illustrating. The importance of properly taking the case before prescribing is a topic worthy of careful consideration, and the next meeting will be very attractive and no doubt largely attended.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The annual meeting of this association, held at the Holmhurst Hotel, Atlantic City, September 7th and 8th, was unusually interesting and successful.

The average attendance during the two days' session was about sixty, representing all parts of the country excepting the far West. The opening address by Dr. Stuart Close, of Brooklyn, N. Y., was a masterly presentation of the present status of Homœopathy supplemented by many practical suggestions and a forcible appeal to the true friends of Homœopathy to arise to the vigorous support of the old time Hahnemannian teaching and practice.

The program presented was one of the best and the discussion following many of the papers was full of instructive comment and criticism. Several papers are worthy of special mention but cannot be in this short report.

The entire session was marked by enthusiasm and the absence of all strife and contention. About twenty-five new members were added, and a general impression prevailed that a more cordial feeling should be extended toward other societies and organizations having for their purpose the preservation and promotion of Homœopathy. As proof of this a good proportion of the I. H. A. people remained in the city over Sunday in order to attend the American Institute, where they were much pleased to be invited to participate in the discussions, finding but little of the old time antagonism remaining.

The officers elected for the ensuing year were:

Mass.

President, Dr. F. W. S. Patch, Framingham,

Secretary, Dr. J. B. S. King.

Treasurer, Dr. P. E. Krichbaum.

Place of meeting next year will be decided by postal card vote later in the year.

WASHINGTON HOMŒOPATHIC SOCIETY.

The first meeting of the winter of the Washington Homœopathic Medical Society was held October 2d in the Palm Room, Hotel Shoreham. The meeting was well attended, and gave the members a chance to greet each other after the summer vacation.

The meeting was devoted to the reports of the work done during the summer.

The following reports and papers were read:

Report of the meeting of the International Congress and upon the status of Homœopathy in the United States, by the President, J. B. Gregg Custis.

Report of progress made by specialists, eye, ear, nose and throat, as shown by the International Congress, by Wm. R. King, M. D.

European Hospitals and Surgeons, T. L. Macdonald, M. D.

Medical Characteristics of the Summer, 1906, J. H. Branson, M. D.

Summer Surgery, H. I. Silvers, M. D.

Dr. Custis's report was most gratifying as to the prevailing conditions of Homœopathy throughout the United States, not only as to the number of physicians practicing similia, but as to the quality of Homœopathy.

The report of Dr. Wm. R. King showed thoroughly equipped and up-to-date practitioners in that specialty, and that our school has kept pace with the advance made.

Dr. J. H. Branson's report dealt with the medical diseases met with in this city during the summer..

The doctor's report was particularly interesting from the fact that the heat had been intense, with considerable illness after the installation of a new filtration plant.

Dr. Macdonald said he had not been notified sufficiently early to prepare a paper, but would gladly give a little "talk" on the subject. He said in substance: "To any one who is interested and enthusiastic in his work it is a delight to go to school again, and that's what these trips to the European clinics mean. We learn in two ways—how to operate, and how not to operate. I saw some of the best surgery in the world and some of the worst Not every man who happens to live in another country than our own is an eminence of authority or a marvel of skill. Those of you who have visited Vienna may experience a pang when you learn that that famous old doctor factory—the Algemeiner Krankenhaus (with its two to three thousand beds)—is to be torn down. This is right, as the buildings are very old and out of date. Not one of its dozens of operating rooms, except Von Eisleberg's, is in keeping with modern surgical demands. You may be interested to learn that this famous surgeon was operated on for appendicitis while I was in Vienna. He operated on two cases of appendicitis in the forenoon and in the afternoon went back to the same operating room and was operated on successfully by his first assistant, Ranze, a skillful operator and a most courteous gentleman.

"The mass of clinical material practically under one roof in this old institution in Vienna is bewildering. The surgeons not infrequently began operating at seven thirty in the morning and continue till one o'clock, and even postponed opera-

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tions to a later hour. Doubtless there is bad surgery in Vienna, but I didn't happen to see any; and I cannot speak in too high praise of the courtesy and kindness shown here to visiting Americans.

"I visited the hospital devoted to the treatment of lupus by means of the various rays—the X-ray, the Finsen and violet ray—and the results they obtain, even in apparently hopeless cases, is astonishing. They have a sufficient number of apparatus to keep thirty or more patients under treatment all the time. In Munich I was quite interested to perceive that spinal anæsthesia was used extensively in Prof. Angerer's clinic. Abdominal operations are commonly done under this form of anæsthesia. Occasionally a little chloroform has to be supplemented. They report no bad after-effects. Others, however, have reported such; from one clinic comes a report of three cases of post-operative paraplegia. I talked with the Kochers, of Berne, about it, and found they were strongly opposed to it, and gave good reasons. Kocher is a delightful man to visit.

"In his operating room, which he built, furnished and donated to the hospital, are four operating tables, and it is not unusual to find them all in use at one time. Like all Swiss surgeons Kocher performs many operations for goitre. Kocher and his son have operated upon thirty-three hundred and fifty of these, the father having done about three thousand himself. He told me that he did not now do as many of these operations as formerly, that in the past he frequently had what he called "Kropf Tag,' or goitre day, during which he would perform six, eight, ten, and one day twelve operations of this kind. This is regarded as a ticklish operation, because the tumor is situated among the important nerves and blood vessels of the neck. I saw him tie ninety-four blood vessels while removing one of these tumors. This will give you some idea of the number of arteries and veins encountered in this region. But what the surgeons fear more than hæmorrhage is injury to the laryngeal nerve, which results in permanent loss of speech. For this reason Kocher performs nearly all of these goitre operations without ether or chloroform, because by keeping the patient conscious and talking he can tell when this important nerve is reached or pinched. He uses hypodermic injections of cocaine, but it is needless to say that the more highly sensitized patients of our own country could not and would not endure this severe operation without a general anæsthetic. While in Kocher's clinic I saw a young Italian girl brought in suffering from a goitre. The operator explained that it would be necessary to administer ether because the Italians could not endure as much pain as the Swiss peasant.

"One very nice operation which I saw him perform was the transplanting of a portion of the goitre from the neck of a young girl into the spleen of a young man suffering from myxœdema, a malady which Kocher had previously cured by this means. He has the reputation of being the foremost operator of Europe. He is the Shakespeare of surgery. His mortality rate in his goitre work is but a very small fraction of one per cent., sometimes having a series of many hundred without a death. He is not noted alone for this class of work, but is wonderfully precise and skillful in bone, nerve, brain and abdominal surgery. He is well-to-do financially, and is better known and more popular in the capital of Switzerland than is its president, and is great enough to have been offered and to have declined the position made vacant by the death of the renowned Billroth in Vienna."

The speaker referred to a visit to Roux's clinic, and Roux's famous collection of over 2,000 diseased appendices. His manner of operating and his views on the subject of appendicitis are similar to the best American operators. Reference was also made to the clinics of Paris and London, and it was stated that the general level of surgical cleanliness was below that of our own. The best man in England is an Irishman, Moynihan, of Leeds, whom I saw. He has done as many as eleven abdominal operations during one clinic morning. I complimented him on his asepsis; he smiled, and said, he had to thank the United States surgeons for that. "He is rapid, brilliant and precise, knows something about the patients before they are brought into the operating room, and his results are most creditable. I saw him do his one hundred and fifteenth gastro-enterostomy without a fatality, and with relief of the symptoms."

The speaker said this was his third trip to European clinics, and that gratifying changes had taken place in the meantime. Much more respect was shown for American surgery, and it was not unusual to discover that the up-to-date European surgeon had visited the clinics of the United States.

NEW YORK STATE HOMŒOPATHIC SOCIETY.

On Oceober 16th and 17th was held the fortieth semi-annual meeting of the New York State Homœopathic Medical Society at the Chamber of Commerce building, Rochester, N. Y.

The meetings were unusually well attended, all the departments presenting interesting and profitable papers. The exhibits included everything up-to-date in the line of surgical instruments and appurtances of the profession, and several X-ray machines were the centre of interest.

Promptly at 10 o'clock the meeting was called to order by the president, Dr. Newton M. Collins, who presented Dr. William R. Taylor, of the Buck Presbyterian church, who offered prayer. This was followed by greeting to the visitors by Dr. Rheese, president of the University of Rochester. Dr. LeSeur, of Batavia, gave the response on behalf of the society.

The following men were nominated by acclamation:

For President, Herbert Schenck, Brooklyn.

For Vice-President, Dr. F. W. Adriance, Elmira.

For Second Vice-President, Dr. W. A. Keegan, Rochester.

For Third Vice-President, Dr. H. D. Cochrane, Albany.

For Secretary, Dr. H. W. Page, Oneonta.

For Treasurer, Dr. F. M. Dearborn, N. Y.

For Necrologist, Dr. J. L. Moffat, Brooklyn.

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For Counsel, Dr. T. E. Wadhams, Albany.

The committee on attendance resulted as follows:

Dr. B. R. White, Honeoye Falls.

Dr. R. C. Conklin, Batavia.

Dr. W. S. Rambo, Rochester.

After the reports of the different committees the scientific program was taken up.

The papers on Tuberculosis and the Etiology of Cancer seemed to attract the greatest amount of interest from the laymen, while from a scientific standpoint all bureaux were well represented.

On Tuesday afternoon a reception was given to the ladies by Mrs. Newton M. Collins at their home on East avenue.

Out of town men were entertained at luncheon by Drs. N. M. Collins and Elmer J. Bissell.

In the evening the feature of entertainment was a clam bake, held at Summerville, at which were present over 200.

On Wednesday noon the meeting adjourned, having held a very successful session.

Wm. Perrin, M. D.

VIRGINIA HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Virginia Homœopathic Medical Society was held at Richmond, Va., in the reception rooms of the Richmond homœopathic pharmacy, October 11, 1906.

The meeting was called to order by the Vice-President, Dr. H. R. Allen, of Norfolk.

A goodly number of the members responded to roll call, and the meeting was full of interest and enthusiasm.

Four new members were admitted, and the election of officers for the ensuing year resulted as follows:

President, Dr. H. R. Allen. Norfolk, unanimous.

Vice-President, Dr. H. C. Koons. Danville.

Secretary and Treasurer, Dr.. C. E. Verdier, Norfolk.

The office of secretary and treasurer in this society is a three term, and the present incumbent was reinstated, he having served one year. The most important matter for discussion before the society was the plan for the entertainment of the American Institute of Homœopathy, which will meet in Norfolk next June.

It was decided that the society should hold a special meeting in advance of the Institute, and attend to the necessary routine work.

A letter was read by the secretary from Dr. E. B. Hooker, President of the Institute, in which he desired to be advised concerning the appointment of a local chairman of committees, and the society advised the appointment of Dr. C. E. Verdier, of Norfolk, for this purpose.

Committees to take charge of the routine work in advance regarding the Institute were apointed, and the work outlined for them

The meeting adjourned to "Ruger's," a famous hostelry of Richmond, where they were tendered a most enjoyable banquet by the Richmond Homœopathic Medical Society.

Dr. H. B. Bagby, of Richmond, was toastmaster, and good fellowship and enthusiasm over the outlook for Homœopathy in the State of Virginia reigned.

The meeting was voted the most successful one in years.

C. E. Verdier,
Secretary and Treasurer Virginia Homœopathic Medical Society.

BOOK REVIEWS.

Proceedings of the Forty-Second Annual Meeting of the Homœopathic Medical State Society of Ohio.

This volume, edited by the secretary, Dr. C. E. Silbernagel, of Columbus, is a record of the meeting held at Columbus last May. The preserving of papers presented at our State meetings is most useful, and the volumes of the Ohio State transactions, of which this is the most recent, are indeed valuable works of reference. The papers and discussions are of exceptional merit and well worthy of preservation.

The Best Drug Proving of the O. O. and L. Society.

A Proving of Belladonna, edited and arranged by Howard P. Bellows, M. D., Boston, Mass. Published by the O., O. and L. Society. 1906.

We san say no longer that Arsenicum is our best proven remedy, it must now give place to Bella donna. This volume of nearly 700 pages consists of a test proving according to modern methods of Belladonna, and records the results of fifty-three provings. It is the record of a pure drug proving with non-toxic doses. It is a test proving and as such will stand for all time as a foundation upon which to build for the future. It blazes the trail for future explorers. It is a magnificent work, and the thanks of the entire profession are due to Dr. Bellows for his indefatigable work in systematizing and bringing a high degree of order out of what at first must have indeed seemed chaos.

The work contains the history of the test drug proving, the examiner's forms employed, the narration and synopses of the provings, the results presented in a physiological and systematic form, the results presented in the old anatomical schematic form, the results summarized in general terms and the effects of Belladonna upon animal tissues From the above it may be seen that the work contains about all that can be known of the drug, and it is a book that must be studied carefully; this study will not interfere with the older records of the drug, but serve to cement more firmly the fact that Homœopathy is a science and that other fact that our old masters did excellent work.

A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa.

By G. Whitfield Overall, Chicago. Rowe Publishing Co. 1906.

This work deals with the treatment of affections of the prostate by medicines, electrolysis, etc. It is a complete treatise on these diseases, well illustrated with new instruments and methods, and is a good book to have.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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NOVEMBER 1, 1906.

Editorial.

OUR COLLEGES.

The Medical Centry has always taken a high interest in our medical coleges. We have always endeavored to uphold and encourage them, one and all in the good work they are doing and we are always rejoiced to learn of their prosperity. Thus far this year the reports we have received are of the most encouraging. All report increased attendance over last year, and all college men we meet seem satisfied with the outlook.

We believe, however, that there is great work to be done in the college field. Every one in the homœopathic field realizes, and none more so that our journalists, that the demand for homœopathic practitioners far exceeds the supply. From every State in the Union comes the cry, send us a good homœopathic physician. Even in some of our large cities our correspondents report room for from one to a hundred more physicians of our school, while smaller country towns are the greatest sufferers

Our obituary column each month is a long one, and many of those dying leave fields in which they have worked and created homœopathic sentiment for as long a time as fifty years, as in the case of Dr. John H. Henry, of Montgomery, Alabama, and there is no one to take their places.

It is not up to the college men but to the general practitioner to remedy all this. It is our firm belief that if each practitioner of Homœopathy in this country would bestir himself in his locality to interest at least one young man or woman in medicine and lay before them the value of homœopathic medicine and not rest until he had secured at least one student, our colleges in the autumn of 1907 would have double the matriculates of 1906. The homœopathic physician that cannot find among his clientele at least one bright young man or woman before whom he can present the claims of Homœopathy has indeed a poor practice, and he should pull up stakes and remove to some one of the desirable fields that are awaiting homœopathic physicians. Get them interested in the subject and then let them select the college themselves. Physicians may say they have no use for a student around their offices; if not, it is no hard matter to lend an anatomy or a college announcement or to give them the address of some one to whom they may apply for further enlightenment. If the practitioner will start the ball the college authorities will do the rest. Let us have an active campaign this year all over the land; it costs nothing, and let us increase our college attendance at least fifty per cent. in 1907. It can be done, and let us commence now to do it.

EDITORIAL BREVITIES.

The Talcott Round Table.

The Atlantic City Institute meeting furnished the occasion for the formation of a society which is bound to fill a want. The Talcott Round Table is to open to all physicians who have been or are now connected in any way with public or private hospitals for mental diseases under homœopathic control. The object is to cement the bonds that should natutrally exist among fellow workers and this is to be attained by a gathering of the members at a luncheon or dinner during the Institute week. The first luncheon took place at the Hotel Dennis, Atlantic City, on September 13th. The naming of the organization after Selden H. Talcott was a graceful tribute to the man who did so much to establish the value of a hospital for mental invalids under homœopathic control. The first president is Dr. C. Spencer Kinney, of Easton, Pa., and managers, superintendents and assistant physicians who are eligible for membership should get into communication with him on the subject.

The Institute at Norfolk.

Preparations are already under way for the reception and entertainment of the American Institute of Homœopathy at Norfolk in next June.

The tentative date has been set for the week of June the 17th, and the Executive Committee have signified their intention of inspecting the ground early in November.

Members of the Executive Committee are in constant communication with the local chairmen of committees, Dr. Verdier, of Norfolk, as well as the Jamestown Exposition officials, and plans for a most successful meeting are rapidly being perfected.

The meeting of the Institute will be one of the largest conventions to be held here next year, and the Norfolk convention league organized for the purpose of looking after such matters fully appreciates the importance of this event as well as the

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honor accruing to this city from the visit of such a distinguished body.

On account of the central location of Norfolk and the fact that such low railroad rates will prevail, it is predicted that the coming meeting will be one of the largest in point of attendance in the history of the Institute.

The hotel rates will not be changed during the Exposition, and the members of the Institute will be guaranteed satisfactory accommodation in all respects.

Anyone desiring particular information concerning the Exposition will be gladly accommodated by writing the officials of that company, a special department is set aside for this purpose Let us hope that every member of the Institute will strive to be present when the roll is called in Dixie next year, and make the Southland ring with Homœopathy and its attributes.

Union In Medicine.

A writer in the Medical Library and Historical Journal, who hails from Brooklyn borough, in an article, entitled "On Union in Medicine," casts some reflections on Homœopathy and homœopathic literature. He has studied the latter. His library on Homœopathy consists of three volumes of the transactions of the Homœopathic Medical Society of the State of New York, and a volume of the O., O. and L. Society's transactions. He admits that he has never taken Homœopathy seriously, and, therefore, why should one take his article seriously? Until the allopathic school is purged of those who are unwilling to give serious thought to the principles of our system there can be no union in medicine.

Editor's Table.

GENERAL NOTES.

Dr. Frank C. Titzell, formerly of Hering Medical College of Chicago, has been elected to fill the chair of surgery in the Iowa State University homœopathic department, taking the place of the late Dr. Gilchrist. In selecting Dr. Titzell for this important position our Iowa friends have secured a man of ability, experience, with a fine reputation as an operator and teacher, and above all, one who will hold the homœopathic surgical banner aloft.

Dr. John E. Wilson has removed from 9 East 43d street to the Sydenham building, Madison avenue and 58th street.

Dr. S. R. Stone, of Rhinelander, Wis., recently trephined for paralysis and severe headache; the case recovered. It was the one presented at the Wisconsin Society last May, and published in our August issue.

We have received a card from someone who is interested in showing the standing of the Chicago Medical Colleges before examining boards in 1905. We find of our existing colleges that the Hahnemann College stands seventh, and the Hering College stands eighth. Such ratings as the card presents are of very little value, for the reason that a single failure before some hostile examining board in some State, perhaps where there was but one applicant, would wreck the standing of any institution. For instance, six 1905 graduates of Boston University School of Medicine applied for examination and all passed. One old practitioner applied and failed. Therefore, it might be said 50 per cent. failed in the two classes.

Ten of our homœopathic colleges had no failures before examining boards among their 1905 graduates, a percentage of 56, while only 30 per cent. of old school colleges had no failures among the 1905 graduates.

Of the ten medical colleges in Ohio six had no failures among the 1905 graduates, and the Cleveland Homœopathic and Pulte College are among these six.

The report of the British Homœopathic Association, whose object is to diffuse Homœopathy throughout the kingdom, has reached our table. It is certainly an association that is doing good work, and we need the same energetic work in this country, and the sooner we wake up to this fact the beteer.

Dr. F. W. Cleckley, of Charleston, S. C., wants another homœopathic physician for that city, and assures him of a good practice.

Dr. R. W. Brown has located in Mobile, Ala., which we have mentioned before as an excellent location.

The Southwestern Homœopathic College opened on September 26th with a good freshman class. This college is prosperous, owning its own property, free of debt, and is in good working shape.

"When there is the greatest danger, then is the time to become the most intensely homœopathic," was one of Dr. Lippe's proverbs. This should apply to our colleges and societies as well as at the bedside.

Dr. Eugene H. Porter, the State Health Commissioner of New York, is also president of the Columbia County Association. He made one of his eloquent and characteristic addresses at the recent county home days' celebration at Hudson, N. Y.

Dr. M. C. Ashley, superintendent of the State Homœopathic Hospital in Middletown, has issued a pamphlet on some historical facts and statistics concerning that institution. The percentages of recoveries there have been 17 per cent. higher than in allopathic institutions, and the percentages of deaths 11 per cent lower. This is a showing of which every Homœopath in the land should be proud.

Dr. Florence Meder succeeds Dr. Minnie C. Dunlap in the Eastern Kentucky Asylum at Lexington, Dr. Dunlap going to the Western Kentucky Asylum at Hopkinsville.

There was an increase of ten in the graduates of our homœopathic colleges this year over last year.

The Critique of Denver, Colorado, has added to its staff a number of prominent homœopathic physi-

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cians who are to act as associate editors of that excellent periodical. This is an assurance that it will not only keep up to its normal excellence but improve with each number.

Dr. H. C. Brigham has returned to Grand Rapids, and has located in the Widdicomb building in that city. He has regained his health, and again enters the field of practice.

The October issue of the Medical Advance is full of interesting and instructive articles. The reminiscences of Dr. W. P. Wesselhœft, of Boston, and of Dr. W. H. Leonard, of Minneapolis, are delightful reading, and so is the paper on Benzoic Acid, by Dr. Miller, of Pittsburg.

Dr. M. O. Terry, of Mamaroneck, New York, informs us that he has started the production of an article for the next meeting of the Institute on authentic, original medical and surgical thoughts of unquestioned and scientific value, either as to disease, method of operating and character of same, also new medical and surgical apparatus or instruments, which have emanated from members of the homœopathic school of medicine. This is certainly a good work, and if any of our subscribers know of any such they will do well to send the same to Dr. Terry. Such an article will make the contention of some allopaths that Homœopathy never produced a scientific fact look very groggy, if it does not give it a knock-out blow, which we prophesy will happen.

Dr. Hamilton F. Biggar, Jr., gave us a call last month. We regret that illness prevented our being able to receive him.

The Boston University School of Medicine shows continued prosperity this year.

Dr. Frank L. Gibbs, of Chillicothe, Ohio, and Miss Elizabeth H. Ruhrah, of St. Louis, were married in the latter city on October 9th. They will make their home in Chillicothe.

At the meeting of the Mississippi Valley Homœopathic Society held at Davenport, Ia., on September 20th, the following officers were elected: President, Dr. W. F. Spencer, of Geneseo; Vice-President, Dr. E. J. Ward, of Rock Island; Secretary and Treasurer, Dr. W. F. Hunt, of Davenport. The next meeting will be held in Rock Island.

Dr. B. E. Fullmer, who has located in Los Angeles, writes that he passed the State board successfully with a fine percentage.

The tenth annual practitioners' course in the University of Michigan homœopathic department, will commence on December 3d. This course is to be something new, something different from anything ever presented before. A large attendance is expected. Send for program and circulars to the dean of the department.

Dr. W. A. Polglase has resigned the office of superintendent of the Home for the Feeble Minded at La Peer, Mich.

Dr. C. B. Currier, of San Francisco, has purchased a new home at 1906 Devisadero street, San Francisco, and will continue practice as before. His new offices are as fine as any in new San Francisco. It would take many earthquake shocks to knock out a man of the good old doctor's energy.

Dr. Susan M. Hicks has returned to Atlanta, Ga., to the field of her old labors. The doctor was in the San Francisco disaster. Doubtless her old friends will welcome her return.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, OHIO.

The Cincinnati Homœopathic Lyceum began its monthly meetings for the winter. Wednesday evening, October 17th. These meetings are held in the faculty room of Pulte College, the second Wednesday night of each month. Visiting physicians cordially welcome. The officers for the ensuing year are: President, Dr. C. N. Cooper; Treasurer, Dr. H. H. Wiggers; Secretary, Dr. W. H. Smith. The program for the opening night consisted of President's Address, Dr. C. N. Cooper; Knowledge of Life, Dr. J. D. Buck; Entero-colitis, Dr. Lincoln Phillips.

Dr. Thos. M. Stewart was in Columbus, O., for a few days this month, attending some dark and mysterious "doings" of the Masonic order. At last acounts the doctor was doing nicely, and will soon be able to discard the "soothing lotions!"

Dr. S. R. Geiser and family have given up their elegant Avondale house for the winter, and are now "at home" in the Glencoe Hotel, Mt. Auburn.

Dr. C. D. Crank and family spent the month of August on the coast of Maine. The doctor is as young and jovial as ever.

Dr. H. H. Wiggers now sings "sweet lullabys." It is a daughter, and has hair the color of her father's whiskers. Have you ever seen the doctor's whiskers?

Under the guidance of the Ladies' Auxiliary a performance for the benefit of Pulte Hospital will be given next month at Robinson's Opera House. The play will be "The Darling of the Gods."

Pulte College sessions opened Wednesday, October 3d. The address was by Prof. S. R. Geiser, and was a good one. The sterling old college showed increase in new students over the past few years. Pulte's classes are not so large as many other colleges, but she gives such thorough parochial drilling that her graduates have no fear of examining boards, and get there "with both feet" when it comes to practice. Students are beginning to awaken to the fact that a good small college is better for them than a good big college. The student gets in closer touch with his professors, and gets more actual clinical work. In the past three years some of the Pulte graduates have had as high as thirty-five and forty obstetrical cases. Pretty good, isn't it?

For a hospital opener Dr. Walton did a beautiful dissection of sarcoma of the neck.

Bethesda Hospital has enjoyed great prosperity the past year, both the general and maternity being full to overflowing. In one day the past summer seventeen cases were refused admission on account of lack of room. A Pulte senior now acts as interne at Bethesda all the time.

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Drs. A. L. and Ida McCormick recntly suffered the loss of their venerable mother.

The Washington Anti-Tuberculosis Society held an exhibition here, October 15th to 27th. All schools of medicine participated in the varied and interesting program. It was a veritable love feast. It is unnecessary to say that the Homœopaths were ably represented. The names of Buck, Walton, Crank, Geiser, Wiggers and Geohegan are vouchers for that.

Two of our younger men, Drs. Glenn Adams and Dave Watson, have recently entered the blissful state of matrimony.

Dr. J. D. Buck continues to grow younger year by year, and has taken up his famous course of lectures in Pulte for the coming term. Whenever Buck is mentioned we think of Pulte. When Pulte is mentioned we think of Buck.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. T. I. Motter has returned from his European trip. He was absent from his practice in this city during August and September and part of October. While he spent much of his time in the hospitals in London, he also visited the leading hospitals in other cities of the old country.

Dr. Edgar G. Davis has secured a down-town office, and is now located on the tenth floor of the Reliance building. His hours are from 3 to 5 P. M.

Dr. George F. Shears, who went abroad in the early summer, has returned, and is again at hard work. The doctor visited all of the leading hospitals in Europe, and came back loaded with new instruments and new ideas.

Dr. H. L. Simmons, who is interested in a hospital in London, which is run according to the American ideals by American people, spent his vacation on the other side of the water. He was absent from the city almost two months, returning to Chicago about the middle of October.

Eta-Lambda chapter of the Phi Alpha Gamma fraternity has secured a new home at 3231 to 3233 Groveland avenue. The house is large and well suited for the purposes of a "frat house." The parlor down stairs is very large, and will give the boys plenty of room for their monthly parties. The Ustions still retain their house on Lake Park avenue. Neither chapter of the Alpha Sigmas has a house this year.

Dr. Cameron left the first of October for a European trip. He expects to be abroad about a month.

An informal smoker was given to the new students at Hahnemann by the Phi Alpha Gamma fraternity on Saturday evening, October 13th. The evening was spent playing cards and getting acquainted.

Dr. E. E. Vaughan has found his outside practice so large that he has been compelled to give up his hours at his down town office in the Marshall Field building, and is only there by special appointment.

Dr. George T. Smith has decided to devote all of his time to his South Side practice, and has given up his office in the Marshall Field building.

Dr. H. B. Clark, of Mancelona, Mich., was in Chicago for about a week this past month visiting old college friends.

Dr. Samuel Campbell, of Omaha, Neb., visited friends in this city the latter part of October.

The opening exercises of the Hahnemann Medical College were held in the main amphitheatre of the college building, Tuesday evening, October 2d. The address of the evening was given by Dr. A. C. Cowperthwaite. It is unnecessary to comment on this address as every one knows his ability, and what a pleasure it is to listen to him. The old students are nearly all back; there are some additions to the upper classes from other schools, and there is a good freshman class, it being much larger than last year's. The attendance promises to be the largest for some time.

Dr. R. G. Knapp was operated on the first part of October by Dr. E. H. Pratt. He was taken ill while away on his vacation, but came right back to Chicago, and had Dr. Pratt take care of him. He has entirely recovered now.

Dr. C. E. Kahlke took his vacation in October, spending most of it up in the woods of Minnesota.

About three years ago suit was begun against Dr. Edgar J. George for $50,000 for the loss of an eye by a patient whom he had seen but once in consultation. It came to trial recently, and the judge after hearing the evidence threw it out of court, saying that the evidence showed that all due care and skill had been used by the doctor, and that there was none showing any carelessness on his part. It simply confirmed what all of this popular doctor's friends knew, that the suit was a pure case of blackmail, and that there was no basis for the charge made.

Dr. W. C. Converse spent a short vacation at Joplin, Mo., recently.

We are informed that there is a good opening for any one wishing to do eye, ear, nose and throat work at Mattoon, Ill., as the leading man there is leaving to go abroad, and to locate in a larger place.

Dr. Fred. Huntley, of Buffalo, is in the city taking a special course in the College of Physicians and Surgeons.

Dr. Robert Graves, who recently finished his services at Cook County Hospital, has located at the corner of North Clark street and Deming place

Dr. Frank Rich, of Western Springs, Ill., took care of the practice of Dr. J. H. Buffum, while the latter was away on his vacation.

Dr. W. C. Roberts, of Ottumwa, Iowa, visited friends in this city the past month.

Dr. Rollin J. Swartz, of East Troy, Wis., has entered Hahnemann for a post-graduate course, paying special attention to the eye, ear, nose and throat courses.

Dr. E. S. Lynn, who was formerly located at Mt. Pleasant, Iowa, was in Chicago recently on

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his way to Denver, where he contemplates locating, devoting his time exclusively to the specialty of eye, ear, nose and throat diseases. He has been abroad for several months studying in the clinics of the old country.

Dr. J. N. Downs, of Ottawa, Ill., has sold his practice to Dr. Burton Stephenson, and will devote his time to the tuberculosis tent colony, which is under the care of the Illinois Homœopathic Medical Association.

Dr. C. D. Collins has returned from Philadelphia and New York, where he had been attending the clinics for a couple of weeks.

Dr. Lester E. Siemon, of Cleveland, was in Chicago for a few days' visit on his way to California.

Dr. George Martin McBean and Miss Louise Ernestine Blish were united in marriage on Wednesday, October 17th The doctor's many friends will all join in wishing him and his wife the greatest happiness.

The Chicago Homœopathic Medical Society met Thursday evening, October 18th, at the Northwestern University building, Lake and Dearborn streets. Owing to the inclemency of the weather the attendance was very small, but those who attended were well repaid by the excellency of the program, which was as follows:

President's Address, "The Physician—and Then Some," Dr. Frank Wieland.

"Prostatorrhœa and Spermatorrhœa," Dr. C. D. Collins.

"Gonorrhœal Rheumatism; Its Pathology and Treatment," Dr. D. D. Culver.

"The Complications of Gonorrhœa and How to Avoid Them," Dr. A. C. Tenney.

WASHINGTON NOTES.

BY H. I. SILVERS, WASHINGTON, D. C.

The doctors of Washington have returned from their vacations, and are now busily engaged at their work.

Dr. A. H. Taylor has recently moved his office to 16th and U streets, N. W.

Dr. Gregg C. Birdsall was recently married in New York. Doctor and Mrs. Birdsall will be at home after November 1st at 1330 Massachusetts avenue.

Dr. Wm. R. Buchanan, who last year was doing sanitarium work in Cromwell, Conn., has opened an office at 18th and Park Road.

The homœopathic hospital of this city had a prosperous summer, and from present indications it will have a busy winter.

The tuberculosis problem has lain quiet during the summer, but the great question is being agitated again, and no doubt a crusade against that plague will be inaugurated this winter.

The doctors of Washington are very much interested in the next Institute meeting at Norfolk.

OBITUARY.

Dr. Jay W. Sheldon,
Of Syracuse, N. Y. A graduate of the Homœopathic Hospital College of Cleveland, O., class of 1860, died last month at the age of 72. Dr. Sheldon was formerly president of the New York State Homœopathic Society.

Dr. W. C. Hamilton,
Of Philadelphia. Hahnemann Medical College. Philadelphia, 1861. On September 5, 1906.

Dr. Geo. F. Lightfoot,
Of Arlington, N. J. September 18, 1906. New York Homœopathic College, 1891.

Dr. A. F. Ward,
Jamestown, N. Y. Western Homœopathic College, Cleveland, O., 1861. September 10, 1906.

Dr. J. H. Drake,
Des Moines, Ia. Homœopathic Medical College St. Louis, 1874. September 8, 1906.

Dr. Charles B. Flint,
Watertown, N. Y. New York Homœopathic College, 1890. September 8, 1906.

Dr. S. Fernald,
Philadelphia. Hahnemann Medical College, Philadelphia. July 30.

Dr. G. W. A. Collard,
Bridgeport, Conn., September 8. Hahnemann, Chicago, 1880.

Dr. Eva M. L. Scobell,
Chicago, September 11. Hering Medical College 1899.

Dr. Thomas Skinner,
Of London, the eminent high potency Homœopath, died on September 11th at the advanved age of 81. He was the editor of the Organon and the invetnor of a "fluxion" potency machine. Though a firm believer in the highest potencies he was aman of broad views and sympathetic nature.

Dr. W. W. Routh,
Formerly of Duluth, died in Pasadena on September 27th, aged 50. Pulte, 1887.

Dr. O. F. Hand,
Of Binghampton, N. Y. N. Y. H. M. C., 1865. Died on September 27th, aged 63.

Dr. Silas B. Dickerman,
Of Abington, Mass., died on October 1st, at the age of 57 years. He was born in London, N. H., was graduated from the Hahnemann Medical College of Philadelphia in 1872, and had practiced in Abington ever since.

Dr. Virgil E. Weir,
Died at his home in Warren, Ohio, on October 18th. Dr. Weir was a graduate of the homœopathic department of the University of Michigan in 1899, and afterwards served as house surgeon to the Toledo Homœopathic Hospital.

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Correspondence.

'TIS NORFOLK, NOT JAMESTOWN!

To the Medical Century:

From various letters I have received since the meeting of the Institute at Atlantic City I find there exists confusion in the minds of many as to where the Institute voted to go next year, and to make it clear I beg to offer the following in explanation:

The original settlement, Jamestown, was built on an island about fifty miles up the James river. Nothing exists there today except the ruins of the old church, the foundation of the first statehouse, a few other ruins and one fairly well-preserved later day building. Besides these, one or two residences of the people who own and care for the island is all there is of Jamestown.

The quadri-centennial exposition celebrating the founding of Jamestown, hence called "The Jamestown Exposition," will be held next year at Norfolk, a thriving city of 65,000 people, just across Hampton Roads, which is the mouth of James river, from Old Point Comfort.

From this it will be seen that the American Institute voted to hold its next meeting at Norfolk, Virginia, in connection with the Jamestown Exposition. And since this will be the first time that honorable body has met South of Mason and Dixon's line, it is earnestly hoped there may be a large and thoroughly representative attendance. Doubtless various excursions from Norfolk to the site of the original English settlements will be made during Institute week, and I can assure every member who may visit that historic old spot that he will be amply repaid for having done so.

Another word. Members from the West coming via Columbus or Cincinnati will travel via the Norfolk and Western Railway and will pass through East Radford. The railway construction hospital over which I preside, said by contractors to equal if not excel that of the United States Government at Panama, is within a stone's throw of the roadbed as East Radford is reached. We have accommodation and a hearty welcome for all who will do us the courtesy of stopping off for from a few hours to a day or two, and a cordial invitation is issued thus early for former friends and present foes to extend to Valley View Hospital this honor. Members from the South and Southwest who may come via Chattanooga and Bristol have also to pass through Radford and are also notified not to pass us by under penality.

C. E. Fisher,

East Radford, Va., October 18, 1906.

FROM TEXAS.

Editor Medical Century:

The accompanying resolutions were passed in a joint session of the Texas Homœopathic Medical Association and the State Eclectic Association held at Ft. Worth, October 9th and 10th.

Our officers for the year are:

President, Dr. H. B. Stiles, Waco.

First Vice-President, Dr. W. L. Freeman, San Antonio.

Second Vice-President, Dr. G. A. Gifford, San Antonio.

Secretary, Dr. Julia H. Bass, Austin.

Treasurer, Dr. Lloyd Pollock, Ft. Worth.

Fraternally yours,

Julia H. Bass.
Secretary.

Resolutions.

Whereas, Certain persons representing the allopathic school of medical practice have formulated and are endeavoring to have enacted into law by the coming thirtieth legislature of Texas a bill to regulate the practice of medicine in Texas, in lieu of the present law (of 1901); and,

Whereas, The present law is in its main points satisfactory, in that it protects the people from the admission to practice of unqualified physicians and protects the various schools of medical practice and their constitutional rights; and,

Whereas, The aforesaid bill if enacted into law will work injury and injustice to the profession represented by the Homœopathic Medical Association of Texas, and will be in violation of Sec. 31, Art. XVI. of the State Constitution, which prohibits any preference being given by law to any school of practice, in that it gives the schools of practice unequal representation and one school an absolute majority; be it

I. Resolved, That the homœopathic profession of medicine is a separate, scientific and regular school of medical practice, and being founded on a law of nature must ever so remain, separate, scientific and regular, and as such, claims and demands its rights as guaranteed in the State Constitution.

II. Resolved, That the homœopathic medical profession having been the first in the United States to require four year courses to attain the degree of M. D. in its colleges, and having an educational system fully equal if not superior to any, neither needs nor desires supervision nor control in any degree by any other branch of the medical profession.

III. Resolved, That the bill or proposed law has in it absolutely no advantage not easily obtainable by certain minor amendments to the present law, but does contain provisions most highly detrimental to the professions represented by the Homœopathic and Eclectic Medical Examining Boards, in that it proposes to abolish these independent and equal boards, and place these two branches of the medical profession under the absolute control of one other branch, namely, the allopathic.

IV. Resolved, That while the medical practice law of 1901 needs amendment and improvement in certain minor points, this association protests against and begs the legislature to refuse any alteration or change of law in regard to the essential and vital principles of separate and independent boards of examiners for the separate schools of medical practice.

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SOUTHERN HOMŒOPATHIC ASSOCIATION.

The twenty-third annual session of the Southern Homœopathic Association met in Louisville, Ky., on October 22d and 23d.

The attendance was somewhat smaller than for two or three years, and this was due not to a lack of interest in the meeting but to the fact that there has been a veritable epidemic of southern fevers this fall, and nearly all the physicians found it difficult to leave their practices.

However, there was much interest shown in the meeting, and the topic selected, Southern Fevers, received a full and thorough discussion, and no one who attended was dissatisfied in the least. As by vote of the association the Medical Century is to present to its readers all the papers read at the association that are worthy of being preserved. No mention of the program is necessary.

The officers elected for the coming year are the following:

President, W. L. McCreary, M. D., Knoxville, Tenn.

Vice-President, C. A. Fish, M. D., Frankfort, Ky.

Secretary, H. C. Clendenin, M. D., Louisville, Ky.

Treasurer, Dr. J. T. Bryan, Louisville, Ky.

Place of next meeting, Louisville.

One of the features of the session was the presentation of the malarial genus and an elucidation of the mosquito theory with a reflectoscope by Dr. W. H. Wilson, of Chicago.

Among those present from a distance were Dr. Whitman, of Beaufort, S. C.; Dr. H. R. Stout, of Jacksonville, Fla.; Drs. McCreary and Boies, of Knoxville, Tenn.; Drs. Wilson, Bailey, Delematre, Moth, Allen, Blackwood and Adams, of Chicago, and Dr. W. A. Dewey, of Ann Arbor.

Social features were not wanting. All the strangers were hospitably taken in and entertained with the real southern article, and all resolved to go back next year, all realizing that it would take more than one session's spare hours to hear all of Monroe's stories and then, too, there are a lot of other fellows down there worth hearing, as O. L. Smith, of Lexington, and Keller, of Frankfort. Sure, we'll be there in 1907.

Chemistry: General, Medical and Pharmaceutical, Including the Chemistry of the U. S. Pharmacopœia.

A Manual of the Science of Chemistry and Its Applications to Medicine and Pharmacy. By John Attfield, F. R. S., M. A., Ph. D., F. C. S., etc., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. New (19th) edition, specially revised by the author to accord with the new U. S. Pharmacopœia, edited by Leonard Dobbin, Ph. D., F. I. C., etc., Lecturer on Chemistry in the University of Edinburgh, etc. 12mo, 760 pages, illustrated. Price, cloth, $2.50, net. Lea Brothers & Co., Philadelphia and New York, 1906.

The revision of Attfield's Chemistry was confided by the author to Mr. Leonard Dobbin, of the University of Edinburgh and examiner in Chemistry on the Board of Examiners for Scotland of the Pharmaceutical Society of Great Britain.

The work has been brought thoroughly up-to-date and to accord with the most recent Pharmacopœias of the United States and of Great Britain. The original plan of the book has been strictly adhered to as seventeen large editions in the United States and eighteen in Great Britain are an evidence of the approval of the professions of Medicine and Pharmacy in the two great English-speaking nations of the world.

The author's ideal has been to produce a Manual of Chemistry for Medical and Pharmaceutical students one in which not only the science of Chemistry is taught, but in which the chemistry of every substance having interest for the followers of Medicine and Pharmacy, at more or less length, and in proportion to its importance and its position in relation to the leading principles of Chemistry, is set forth with all attainable exactness. The extent to which he has realized this ideal, he leaves to others to decide.

Eczema.

By Samuel Horton Brown, M. D., Philadelphia, Pa., 1906. P. Balkiston's Son & Co.

This is an arrangement of the common knowledge regarding eczema for convenience. It considers its course, diagnosis, treatment, including a large number of prescriptions.

When operating for empyema thoracis it is a good rule to aspirate again when the pleura is exposed and before it is incised. This may save some embarrassment.

Surgical tuberculosis, no less than pulmonary tuberculosis, calls for the most careful general treatment post-operative and otherwise.

In dealing with infectious injuries of the fingers amputation should be a dernier resort. This is especially the case with a thumb, the most important of all the fingers.

The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen.

An amputation for malignant ulceration should not be performed until the possibility of its being merely a broken-down gumma has been satisfactorily excluded.

Tinnitus aurium, present only in the recumbent posture, is suggestive of aneurism of one of the posterior cerebral vessels.

After circumcision it is important to prevent adhesion of the reflected mucous fold of the prepuce to the corona glandis by the daily passage of a probe about the corona, and by the use of vaseline.

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Paedology.

THE AUTO-TOXÆMIAS OF CHILDHOOD.

BY W. A. GEOHEGAN, M. D., CINCINNATI, O.

The pathology of processes is in its infancy, but though comparatively new it offers bright prospects for the future. The diagnosis of the cause of a disorder by the determination of early modifications of function is more important than that of a fully established disease with characteristic subjective symptoms or with physical signs evident to the examiner. As yet it is less scientific and perhaps must ever remain so, but with all of its imperfections and uncertainties it is of more practical value either from the standpoint of prophylaxis or therapeutics.

It is a reproach to the general practitioner that patients are so often dismissed as healthy because no organic lesions can be detected. Can we not determine the lowered vitality, local or general, that renders possible the growth and development of tubercular bacilli or must we wait until local resistance has been overcome and the invading organism is fully entrenched in a mass of necrotic tissue? Must we permit arterio-sclerotic changes to progress without recognition or restraint and impair the usefulness and shorten the lives of our most active citizens? Must cerebral toxæmias be allowed to exist from childhood until the neurones fed by impoverished and poisoned blood fail to attain their full development or even atrophy, limiting mental development and inhibition and leaving the child a prey to neuroses. If it be urged that these evils are already guarded against by the profession, permit me to reply that a few leaders may be doing so, but the majority seem to think it beyond their province or power. Then, too, the laity must be educated to appreciate the prophylactic value of dietetic regulation and the necessity of habitual self-restraint.

Auto-intoxication is necessarily incident to the evolution or unfolding and maintenance of life by the involution of various chemical forces. Binary compounds are raised into complex molecules of living matter only to retrograde with the liberation of kinetic energy. The products of this retrograde metabolism are not favorable to the support of life and are often absolutely inimical to it. Elimination of these waste products is necessary for the existence of that fairly constant yet ever changing equilibrium which we term health. It is often modified in the struggle for existence of living matter in opposition to the legacies of heredity, the vicissitudes of environment, the antagonisms of other organisms, the obstacles to reproduction and the selection or procuring of suitable food.

The evolution of complexity of structure while aiding in the struggle for existence against extrinsic perils involves increased liability to disorders arising from some one of the interdependent organs. Diseases resulting entirely from either intrinsic or extrinsic causes are very rare. Extrinsic factors are more frequently the apparent ones and more easily studied. Disease, however, is never an entity introduced from without. The effort to combat antagonistic influences or organisms or to eliminate effete, ill-assimilated or bacteria-laden material from the system, leads to many modifications of function or structure sufficient to disturb the equilibrium between the constructive forces of life on one hand and the destructive processes of molecular death upon the other. These manifestations may be classified or grouped as a matter of convenience and this we term diagnosis. The types adopted rest upon the recognition of certain artificially selected crucial facts. All cases are necessarily more or less atypical, and many are widely divergent from the adopted classification. Many of the factors that give to cases their individuality may be recognized by careful study. Their modification or removal is often helpful to the organism in the combat with disease.

Two types of auto-intoxication may be recognized. First, that which is due to bacterial changes in the food while it is within the gastro-intestinal tract and the resulting absorption of toxines. Second, that due to the discharge of the products of retrograde metabolism of the cells into the blood current. Both are, to a certain extent, normal.

The gastro-intestinal tract is rarely, if ever, sterile. Bacterial growth in its contents is the rule, but is by no means necessary to the digestive process. Many bacterial products are non-toxic; others are not poisonous in ordinary quantities. Most, if not all of the toxic substances, are precipitated in an insoluble state by the normal action of the liver. Insufficiency of this function of the organ is probably necessary to the gastro-intestinal form of auto-toxæmia.

Auto-intoxication of cellular origin always exists and within certain limits must be considered inevitable and normal. The toxines usually eliminated by the kidneys would, if absolutely retained, usually kill a man in from fifty to sixty hours. Blood serum is always toxic and an increase of its poisonous qualities tenfold would invariably prove fatal. When the normal degree of toxæmia is augmented by overproduction or faulty elimination it becomes a men-

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ace to health. In its more acute forms it may lead to violent and dangerous symptoms. When chronic it aids in the production of many syndromes and leads to more or less tangible tissue changes which become the foundation of the ailments of the after life.

Strictly speaking, the absorption of toxines from the gastro-intestinal tract is not a true auto-intoxication. Sir William Roberts maintained a distinction between what he termed external digestion and internal digestion. He reminded us that in the lower forms of organisms the food enters the body through any portion of the surface. In species a little higher, a mere indentation serves for the lodgment of food. In the evolution of the gastro-intestinal tract this depression gradually increases in size and complexity of structure until a canal is formed extending through the body. But while food is in this canal it is practically without the substance of the body as truly as when it was lodged in a mere depression on the surface of a lower organism. Hence it is that in the more highly organized species the food may be said to undergo an external digestion, a process of hydration and liquefaction to prepare it for absorption into the vessels. There it forms a portion of the serum and is subject to the selective action of some tissue or free cells in the interior of which it undergoes its ultimate or internal digestion. The food during the process of external digestion is always subject to the action of bacteria, the secretions of which may be absorbed with the products of digestion. This form of toxæmia is always to be regarded as an addition to that produced by cellular metabolism.

The chemistry of intestinal fermentation and consequent toxæmias is very complex. Its determination in a given case requires so much laboratory work as to be prohibitive in everyday practice. We may reasonably expect the evolution of simple clinical methods in the near future. The majority of the more important intestinal fermentations are characterized by the formation of ethereal sulphates in the intestine, their absorption into the blood, and elimination with the urine. While these sulphates are numerous they usually co-exist, so that the presence of one of them in the urine may be accepted as the index. Indican is so readily detected that it seems strange that the test for it is not more frequently employed. Traces of indican are found in healthy urine. It occurs in some other conditions than intestinal fermentation, but they are readily excluded by the clinical history and physical examination. As intestinal fermentation productive of indicanura occurs only in nitrogenous food, their withdrawal gives speedy relief from the depressing symptoms. Without such abstention the process is difficult to control even by intestinal antiseptics.

As before stated, this form of auto-intoxication is to be considered merely a process and not an independent disease. It exists with and probably as a result of hepatic insufficiency. It has no absolutely characteristic symptomatology. Mental depression, melancholy and nervous irritability are always prominent. In children it may be associated with high fever and convulsions. Neither of these symptoms are to be attributed to the toxæmia alone, but if the intestine be emptied and nitrogenous food withheld, recovery often follows in twenty-four to forty-eight hours; at least there will be marked amelioration of the more marked symptoms and the underlying affection will appear clearly and yield more readily to therapeutic measures.

There are two forms of intestinal auto-toxæmia in children that are of great importance. First, in cases of gastro-enteritis due to acute milk poisoning, milk is usually withheld and albumen water and broths substituted. This is one of the most satisfactory dietetic measures in all pediatric practice. Yet, in some cases the diarrhœa continues in spite of the change of food, the stools have a putrid odor and are alkaline in reaction. In young children it is often difficult to procure a sample of urine. When this is possible and considerable quantities of indican are found, the substitution of cereal gruels is indicated. Second, in the convalescence from typhoid fever and other acute exhausting diseases, nitrogenous food is often given too freely. Indicanuria points to intestinal fermentation as the probable cause of the tardy recovery.

The question is often asked, why does not every one who ingests nitrogenous food suffer from intestinal fermentation; or why is a person so affected at one time and not another? A partial explanation is to be found in the functional activity of the liver. The liver is an excretory organ and many toxins are eliminated with the bile but precipitated by it and rendered insoluble. The bile is normally the antiseptic of the intestine inhibiting fermentation of the contained food. The conditions which lessen its germicidal action or permit chemical changes by which the precipitated toxins are liberated from their insoluble state and re-enter the circulation are not fully understood. The intestinal fermentation seems to be both a cause and effect of hepatic insufficiency. The temporary withdrawal of nitrogenous food eliminates one causative factor of the functional disorder of the liver, removes the toxæmia and the general symptoms dependent upon it and unmasks the underlying disease, simplifying the selection of a curative agent.

True or cellular auto-intoxication is yet to be considered. All active living cells are aquatic, deriving their nutriment from fluids. Water is for all life the universal solvent. The blood serum conveys to the cells of higher organisms food in solution and upon this they exercise their selective action. They return to the blood the products of their retrograde metabolism, and these are substances deprived of the elements needed for growth and repair and possessing positively toxic qualities. The cells acquire a tolerance for these poisons just as more complex organisms form drug habits. Any marked excess of the toxins, either as a result of over-production or faulty elimination, cannot fail to be injurious to the highly organized and specialized cells of the body. If at the same time there is added to the blood the products of intestinal fermentation, still greater impairment of function and even structural changes may result, especially if the action of the poisons is long continued.

Little, very little, is known regarding the chemistry of cellular metabolism. The study of chemi-

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cal changes in highly organized bodies as revealed by their secretions and excretions is beset with many difficulties, some of which are almost insurmountable. For this reason the physician who seeks data from which to determine departures from healthy processes with certainty or upon which to found scientific therapeutics, is doomed to many disappointments. If, however, he is content to accept clues as to processes which coexist and are perhaps synthetically combined to form the syndromes under observation, he will often be enabled to attain results of a very satisfactory character. For we have learned in many serious affections, even in tuberculosis, the possibility of prevention or cure is increased in proportion as the protective bulwarks of the body are preserved or strengthened. Many fanciful theories of immunity have lately been discarded and there is a marked tendency among pathologists to return to Metchnikoff's doctrine of phagocytosis, which is that real protection of an organism against disease is dependent upon its cellular health and activities.

Within the limits allowed to this paper it is impossible to deal with the various forms of intoxications due to perversions of metabolism, so we must be content with generalizations. Clinically, we often find the two types of auto-intoxication coexisting, so that differentiation is impossible. Just what circumstances lead to functional insufficiency of the liver and other organs of excretion, and consequent failure to eliminate the poisons, is unknown. The symptoms produced by the milder forms of auto-intoxication are fairly represented by the so-called bilious states or attacks. The mental symptoms of this condition are well known: dullness, apathy, indisposition to work, drowsiness and often nervous irritability. The appetite is well-nigh abolished and there is almost constantly a bitter taste in the mouth. There seems to be little room for doubt that much of the toxin circulating in the blood is secreted or excreted by the gastro-intestinal tract just as when morphine, arsenic, antimony and other drugs are injected under the skin, they may be dectected in substances vomited or otherwise removed from the stomach. And as iodide of potassium is secreted and re-secreted by the salivary organs, causing a constant taste of the drug in the mouth, so the toxins from the blood are similarly eliminated and maintain the annoying bitterness and even offensiveness of breath. This state may be either acute or chronic, and has been termed lithæmia or American gout. Uric acid is thus made the scapegoat for all the manifold ills that arise therefrom and for countless other diseases. Therapeutic procedures based upon this supposed etiological relationship have been productive of many excellent results and of a still greater number of failures. Without accepting it as the causative factor of many ailments, its excess in the urine or the blood may be regarded merely as an indication of certain morbid alterations of tissue metabolism just as indicanuria reveals one form or type of intestinal putrefaction. The study of the acid-intoxications promises much for the future, but they are beyond the scope of this paper.

The various toxins circulating in the blood have close relationship with many diseases. Auto-intoxication, if not a causative factor in the production of epilepsy, migraine, asthma, etc., at least acts as an exciting cause of the seizures of these affections. Indeed the action of the toxins upon the delicate and unstable neurones of children is an important element in many, if not all, of the neuroses to which they are subject. That long-continued auto-intoxication will cause fibrosis, is well known. Poisons or irritatns generated within the body act in the same way as those introduced from without. Interstitial nephritis and arterio-sclerosis thus induced differ in no essential respect from cirrhosis of the liver due to alcohol. Fibrosis is one portion of the price paid for the evolution of the cell. Every point lost in the struggle for the maintenance of the specialization of its function is marked by reversion of its structure to some lower type, often to that of connective tissue; or if the higher cells of an organ suffer from any cause, the interstitial fibers increase at their expense. This fibrosis limits the activity of every fixed cell of the body, and the nervous system is by no means exempt. From numerous observations and experiments, Von Geisen drew the conclusion that "the anatomical expression of a poison acting upon the nervous system is that of a parenchymatous degeneration such as occurs in any other organ or system of organs. The degree of degeneration will, of course, vary in relation to the virulence or time of action of the given poison, but the character will invariably be the same. In any acute neural disease or resulting chronic affection, acute parenchymatous degeneration or its results are found as the imprints of this great pathological process on the ganglion cell, indicating the action of toxic forces as plainly as marks on the rocks show the glacial action. The process which under favorable circumstances might have tended to restitution is now leading inevitably to overgrowth of the neurolgia and destruction of the cell." Later investigations have been carried still further. Auto-intoxications are characterized by heightened blood -pressure as shown by the sphygomanometer; long continued it leads to arterio-sclerosis, which even in its slighter forms and earlier stages must influence the cerebral circulation in childhood. So it can be shown that auto-toxæmias may precipitate seizures of more or less neurotic diseases, it may if prolonged lead to tissue changes that render such diseases incurable. While it may be more difficult to demonstrate, it is equally certain that as mental depression is a result of self-poisoning, if long continued it may lead to more or less atrophy of the cortical cells of the brain, ever after limiting the mental activity of the child.

Whether or not we consider the brain as the source of the functions of the mind, the storehouse of memory or the channel of communication between man and his Creator, we must recognize the gravity of the influence of auto-intoxication upon its structure and the functions without the proper performance of which life is scarcely worth living. Though the data upon which our knowledge of this process and the means of combating it are few, the physician who is ever alert and is well grounded in the healing art can readily interpret them for the physical, mental and moral welfare of mankind.

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Homoeopathics.

PRESENT STATE OF HOMŒOPATHY IN SWEDEN.

BY O. F. AXELL, OSTERSUND, SWEDEN.

Compared with other civilized countries Homœopathy in Sweden is of very young date. Pure Hahnemanniann Homœopathy was scarcely known here when I as a homœopathic graduate returned from Chicago to Sweden, four and a half years ago. Homœopathy was anyhow known by name among part of the people because a few persons, who called themselves homœopaths, were treating people with s. k. electro-homœopathic medicines or other homœopathic remedies of low potencies, generally using many remedies at the same time in alternation. Their practice was not large and our legalized allopathic doctors did make them little or no trouble.

At present we have four or five homœopaths here in Sweden practising in conformity with Hahnemann's pure Homœopathy. Besides myself, those are my assistant, Mr. Harry Holst, now on a vacation in Mexico; my present assistant, Dr. P. M. Grauleff, Dr. Hjalmar Helleday, before allopathic district physician, and Mr. G. R. Wahlberg, assistant to Dr. Helleday. The two last named have a homœopathic institute which they started half a year ago.

No doubt we are still too few homœopaths for a country with a population of six millions, hut homœopathy has already gained much popularity and we feel sure that new able homœopaths soon will unite with use. Therefore we have now good hope that Sweden within a few years will be conquered for Homœopathy.

Regarding its acceptance by the people, Homœopathy is at present very promising here in Sweden. Especially in the northern half of the country the people have great confidence in Homœopathy, more than half of the population preferring homœopathic treatment, and many refuse allopathic treatment, even if there is no other treatment to get. During the first three years of my practice here in Sweden with few exceptions only the working men showed faith in Homœopathy and came in many thousands to get cured from a great variety of troubles. The first summer I worked the whole day and half the night receiving patients and had soon been overworked if not my able friend and assistant, Mr. Harry Holst, a former class-fellow at Hering Medical College, had quickly come to relieve me from part of the practice. Mr. Holst, who has been my assistant three years, has great merits for the advancement of true Homœopathy here in Sweden. He has treated many thousand patients and at the same time taken a prominent part in our fight against doctors and authorities for the existence of homœopathic practice in Sweden. Now the horizon looks brighter. During the last year many of the more influential people have become homœopathic adherents, using its treatment, and Homœopathy is making more rapid progress.

Our principal obstacles come from the entrenched camps of the allopathists, which are doing everything in their power to prevent homœopathic practice, well seeing that it is a dangerous competitor to their own business. During four years time I have nearly constantly been fighting at the court of justice for the existence of my homœopathic practice. Sometimes my case has appeared hopeless, but my great popularity among the people has been a strong support and I have so far succeeded to save my cause. At present I have two cases for decision in the Supreme Court of Judicature. In one of those cases I am fined 1000 crowns ($266) by the board of health, which is ruled by allopathic doctors, for treating infectious diseases by homœopathic remedies. My opponents have not been able to prove that I have done any harm but I have been able to prove that I have done many cures. The verdict may return in June or July, this summer, and if I get acquitted, I will stand more firm than ever before, but if I lose the case Homœopathy will very likely suffer a great blow and the allopaths, at least for a short time, get the upper hand. Those who are interested to see more about our fight for Homœopathy in Sweden may read my letter to Professor H. C. Allen, taken into "Medical Advance." of March, 1906, where it is more fully described.

I am sorry to say that we here in Sweden have no homœopathic hospital or dispensary and only one chemist, Morian, in Stockholm, has homœopathic remedies of very low potencies, which I never use, Only two places we call Homœopathic Institutes, one here in Ostersund, under my care, and one in Orebro, under the care of Dr. Helleday, but we have only rented houses and no beds, only receivnig patients for homœopathic prescriptions, giving our own remedies.

Our greatest ambition has been to get a big homœopathic Institute including a hospital where we could give free treatment for poor patients and at the same time receive medical students and graduates for homœopathic education. We would then be able to demonstrate the superiority of homœopathic treatment in a way that would convince all who had sound reason and disarm our enemies. It is, however, imossible to start our desired undertaking if not wealthy persons who have interest in our mission and sympathy for our country will help us by contributions. Sweden being a poor country, we have very little chance for receiving sufficient means, if not our countrymen in the far west, who have made a fortune, will help us to realize our aim and thereby benefit our whole nation. If no one would help us and our desired object never be actualized, we intend anyhow to remain faithful on our post; our work will be longer and harder, but we are determined upon to conquer Sweden for Homœopathy.

Ostersund den 21st Aug., 1906.

Editor Century: Thanks for your kind letter long ago and the pamphlets you sent me. I beg you pardon me not having answered you before, but my time is very hard taken up. I have during the whole summer had from 50 to 100 patients a day and a big mail, so I am quite exhausted. At the same time I have constantly to fight against my allopathic enemies.

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According to your wish, I did write a brief article last April about Homœopathy in Sweden, but as new troubles and fightings come in the way, which threatened to completely crush my work, I did not send the paper, but is just now sending it, though many changes have taken place. I have no assistant since 30th of April. Dr. Groulep is starting in Germany and Mr. Holst will probably start in Denmark. The verdict which was supposed to come in June or July has not come yet, but will come any day, and I am in danger for a big fine. On account of a plot on the sides of the allopaths I have been accused of having treated a case of small-pox as eczematous eruption, but through much labor and expenses, I have succeeded to prove my innocence, and an allopath is instead getting into a bad fix. Two papers here in the town are perfectly on my side, one is neutral and one slightly on the side of the allopaths. Numbers of articles have been written in the papers to my defense by persons I have cured. The allopaths are now getting afraid, the whole people being on my side, and if I get fined it may cause a revolution among the people. A whole book could be written about the events since last April, but it is now late in the night after a hard day's work and I have to quit.

I hope you excuse my poor writing as I have so short time and English is not my native language.

Very truly yours,

O. F. Axell.

Legislation.

IS THE COMPULSORY INFLICTION OF THE JENNERIAN RITE BY THE STATE, EXPEDIENT, JUSTIFIABLE, OR POSSIBLE?

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

"I am strongly opposed to compulsory vaccination."—Herbert Spencer.

"It is an intolerable tyranny to compel vaccination by law."—Constantine Hering, M. D.

That any citizen of the United States of America, the boasted "land of liberty," should find it necessary to discuss the question as to whether any medical dogma or practice should be enforced by statute upon the people, shows how very little true liberty is understood or respected among us. When one stops to reflect, he is amazed that despite our boasted freedom and our much-vaunted progress in hygiene and sanitary science, laws for the compulsory infliction of a disease-bearing rite of ancient and heathenish origin continue to disgrace our civilization of the twentieth century.

We do not now burn heretics, nor do we hang Quakers and "witches," but it may be fairly asked whether we do not in the name of "public health" and "public policy" enforce laws which savor strongly of medical intolerance, injustice, and tyranny. By law we compel our poor people to inoculate their healthy children with the virus (poison) from diseased beasts. We convict Christian "Scientists" of manslaughter because they prefer the teachings of the Scriptures to the doctrines of modern medical science, so-called, in the treatment of disease.

We justify ourselves on the ground that all this is done for the benefit, not only of the public in general, but also for the good of the particular individuals on whose behalf the laws have been set at defiance. But this is an argument by no means unknown to earlier ages, although "public health," "public policy" and the "dear people" are phrases of comparatively modern invention. Our ancestors burned heretics, and hanged Quakers and "witches" believing it to be for the benefit of the commonwealth and for the good of the heretics, Quakers and "witches" themselves, just as we in "free" America to-day forcibly inoculate the bodies of healthy children with the beastly virus (poison) of disease and brand Christian "Scientists" as criminals because of their lack of faith in modern medical orthodoxy.

We imagine that we know what is expedient, better than the small minority who view the same matters from a different standpoint. Even if our belief were well founded, surely it is intolerant, unjust and tyrannical to force that belief upon other persons unless we can show very clearly that their opposition to it is directly injurious to some other individual or to the State, in the sense in which theft or murder is injurious. In this essay I shall adduce evidence to prove that non-conformists to the requirements of the vaccination laws cannot by reason of their non-compliance or in consequence of their non-vaccination be "a menace to the public health." If I succeed in this undertaking I shall have destroyed the tentative basis upon which the compulsory vaccination laws were founded. Unbiased by prejudice, unawed by professional ethics, and undeterred by dogmatic imprecations, I shall endeavor to present facts as I find them, not as I wish they were.

Compulsory vaccination may be defined as the enforced engraftment by the State of the morbiferous products of the disease tissues of sick beasts into the wholesome bodies of presumably healthy human beings with the avowed purpose of inducing in the vaccinated a pathological condition, plausibly but erroneously, styled "vaccinia," or "cow-pox."

In other words, compulsory vaccination means the arbitrary power conferred by legislative enactment upon privileged politico-medical organizations called "health-boards" to commit assaults upon the persons of healthy people who are guilty of no crime, and no offense against, moral law.

While vaccination in America is not openly enforced upon all alike, as it is in Germany, Italy, Russia and other monarchial governments, we have permitted a far meaner and more despicable form of compulsion to stealthily crawl into our statute books—a method repulsive to every manly instinct, because it bears upon the defenseless children of the poor. The vaccination statute of New York State decrees that, "No child or person not vaccinated shall be admitted or received into any of the public schools of the State."

This odious and unreasonable law which disgraces the statute books of the Empire State of this nation is based upon the curious and absurd assump-

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tion that a healthy child is a focus of infection; and on account of not having been vaccinated, i. e., diseased, is a disseminator of disease (small-pox) among those who have been "protected" by having been vaccinated (diseased).

The "success" of the vaccine operation consists in producing actual systemic disease, in bringing about an unnatural and morbid condition.

Disease is a hateful thing to everybody. Yet the vaccination-law of this State aims to make disease obligatory by denying healthy, unvaccinated children admission to our public schools.

This monstrous law under cover of maintaining the public health inflicts upon school children serious and sometimes deadly injuries.

There Never Was Any Popular Demand for Compulsory Vaccination.

The compulsory vaccination laws were never demanded nor desired by the people. In fact they were placed upon the statute books without the knowledge or consent of the public. They were enacted for the ostensible protection of the "public health" at the dictation of self-seeking medical factions who had surreptitiously smuggled them through our legislatures on the plea that they were needed by the people. Is it not a significant fact that the efforts in behalf of compulsory vaccination laws have in every instance emanated directly or indirectly from men who combine politics with medicine in their business? Isn't it a little peculiar that this particular class of doctors should be so exceedingly solicitous about the people's health?

The demand for compulsory vaccination having always come from a class of medical politicians who were pecuniarily interested in the Jennerian rite, and not from the people generally nor from the medical profession as a body, justifies, or at least makes pardonable, the suspicion that there was more at issue with these doctors than a consuming zeal for the "public health" or a philanthropic desire to promote the public weal.

The vaccination laws neither benefit nor protect the public, but they do benefit and protect the doctors and their accessories, the "lymph" manufacturers, who are behind them.

A little observation and reflection readily reveals the fact that the class of doctors who lobby for the enactment of "health laws" do not represent either the people or the medical profession. They represent themselves.

Can a Healthy Child Be a Menace to the Public Health?

The only excuse offered by the cow-pox compulsionists for excluding healthy unvaccinated children from the schools is the allegation that these children are liable to take small-pox and then infect the entire school. Now, putting aside all professional learning and appealing to the dictates of common sense, I venture the confident affirmation that this objection to allowing healthy children to attend school is utterly baseless and senseless. No person except one who is himself infected with disease can possibly infect another.

By providing for the exclusion of healthy children from our public schools this law makes the contraction of disease obligatory. The law, in effect, declares that all healthy children must be diseased before they can be taught. No true American can contemplate our vaccination-laws without a feeling of aversion and contempt.

The cowardly and mercenary perpetrators of this piece of vicious class-legislation did not dare attack with lancet and scab the adult population, but like sneaking poltroons, assaulted the helpless and defenseless portion of the community—the children in our public schools.

The Whole Need—Not a Physician.

It is a time-honored truism that, "The whole need not a physician, but they that are sick." The partisans of compulsory vaccination under the arbitrary rules of "health (?)" boards declare that the whole do need a physician, and that healthy children must be diseased before they can be taught in our public schools. It is a perilous experiment to attempt to improve upon good health by "doctoring up" a well person. The truth of this axiom is well portrayed in an epitaph in a Spanish churchyard which runs thus: "I was well, would be better; took physic, and died."

The American Medical Association is the arbitrary autocrat of the allopathic school of medicine. Its aim is to create an arbitrary system of state-medicine of which it aspires to be the dictator. The obvious policy of this medical trade-union is to establish in this country by legislative enactment a medical priesthood on the plea that the people are too ignorant to judge for themselves. At its annual convention in 1889 this medical czar passed a set of resolutions among which was one strongly urging compulsory vaccination. The text of this resolution follows:

"Resolved, That the American Medical Association most strongly urges the adoption by local boards of health of laws requiring compulsory vaccination, and deprecates in the strongest way the efforts of those who are endeavoring to secure the abolition of compulsory vaccination."

If the theory that vaccination prevents small-pox be correct wherein is the necessity or consistency of making the rite compulsory? How ridiculously absurd to pretend to the possession of a prophylactic of such questionable potency that its acceptance requires the threat of force and the aid of the law! In their great zeal and anxiety to coerce the unbelieving, the advocates of compulsory vaccination demonstrate their insincerity and their lack of faith in their favorite prescription which they emphatically assert affords complete security from small-pox infection. It is obvious that if vaccination were efficacious against small-pox infection, it need not be compulsory; whilst if not efficacious, it should not be compulsory.

Every argument for compulsory vaccination is a confession of the badness of the rite, as well as an evidence of the stupidity and insincerity of its upholders.

The intolerant and arbitrary attitude of the A. M. A. presents a striking contrast when compared with the judicious and conservative attitude of the Eclectic Medical Society of the State of New York, which, at its annual meeting of March 27th, 1893,

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at Albany, N. Y., adopted the following sensible resolutions:

"Resolved, That the members of the Eclectic Medical Society of New York State recognize the fact that there are a great variety and wide diversity of opinions on the subject of the utility of vaccination; that there is no unanimity of opinion concerning means, methods and repetition of vaccination; that the art has not reached a stage of scientific precision sufficient to justify its definition or safe administration by compulsory laws."

"Resolved, That before undertaking any legislation on vaccination the way for it should be prepared by the appointment of a competent and fair commission empowered and directed to investigate the whole subject, including the operation of compulsory vaccination laws in other countries."

And further be it

"Resolved, That we favor Assembly Bill, No. 850, for the repeal of the law of 1893 by which unvaccinated children are excluded from the public schools, because it causes injustice and can serve no good purpose, since it can only result in withholding free schooling from the children of those conscientiously opposed to vaccination, while the vaccinated and unvaccinated will continue to associate out of school."

"Resolved, That we ask for the repeal of all provisions of law, direct or indirect, empowering health-boards or school-boards to enforce vaccination upon the unconsenting."

Geo. W. King, M. D., Pres't.
S. A. Hardy, M. D., Sec'y.

Compulsory Vaccination Wholly Inconsistent with the Theory that Vaccination Protects the Vaccinated from Small-Pox Infection.

According to the oft-repeated assertions of the vaccine hypothesists, the inoculation into the human organism of cow-pox "lymph" extinguishes the susceptibility to small-pox infection, thereby rendering the vaccinated absolutely safe from all danger of taking small-pox from the unvaccinated. If their claim be true, where is the need of compulsion? If vaccination protects the vaccinated they need have no fear of small-pox. On the other hand, if vaccination does not protect the vaccinated from taking small-pox from the unvaccinated, it is a monstrous fraud and a brazen imposture upon human credulity. In either event, the vaccinated have no just reason to find fault with the unvaccinated, for if vaccination is a barrier to small-pox infection the unvaccinated can not be a source of danger to their neighbors, because the latter can save themselves by getting vaccinated ("protected"). Why not leave the unvaccinated to their own liberty, since no one's immunity is concerned but their own? Let the believers in the doctrine of salvation through the merits of the Jennerian rite keep their bodies constantly saturated with the essence of diseased veal. Being themselves "protected" what more do they want?

If I believe that the risk of catching small-pox is greater than the risk of being vaccinated and that vaccination will prevent small-pox infection in myself, I have a perfect right to be vaccinated, but I wholly repudiate the idea that because of my belief, I may force upon others a rite in which they have no faith, and wherein their belief or non-belief, their observance or non-observance of the rite can have no effect upon me if my belief is founded on truth and fact.

It, therefore, logically follows that the law which makes the vaccine operation obligatory upon school pupils is wholly inconsistent with the theory of protective vaccination on which it was founded, and should for this reason alone, even if there were no other reasons, be immediately and unconditionally repealed. Those who have faith in the alleged efficacy of the rite are at liberty to "protect" themselves. Nobody presumes to dispute their privilege to adopt any medical practice, however questionable and absurd it may be. Then why cannot these people act with like forbearance toward others?

Surely if American freedom is anything more than a name, it implies the right of the freeman to reject, not only that which other men regard as evil, but also that which they may combine to urge upon him as good.

Had vaccination been a real defense against small-pox infection, the virtue of the rite, manifest in its efficacy, must long ago have secured its universal acceptance and adoption without the aid of compulsory laws. The bitterness of compulsion lies in the attempt to enforce by law a manifest imposture and to suppress the convictions of those who observe and think for themselves. In making vaccination obligatory, the State has put itself into this awkward dilemma.

Either vaccination is a perfect prophylactic in which case compulsion would be entirely unnecessary, because only those who neglected the observance of the rite would run the risk of taking small-pox; or vaccination is not prophylactic and should for that reason not be enforced by law.

Compulsory Vaccination Not Sanctioned By All Vaccinationists.

Be it said to their credit that the ablest advocates of the Jennerian doctrine, whilst disinclined to discuss the "merits" of the vaccine rite or to surrender confidence in its asserted prophylaxy, are, nevertheless, opposed to its compulsory infliction. They regard the laws which make this rite obligatory as being both illogical, and inconsistent with the theory of protective vaccination.

The theory is that vaccination protects from small-pox. If vaccination does protect, then every parent has the privilege and the opportunity to protect his children against the neglect of his neighbors, but he is not justified in attempting to coerce his neighbors to adopt his belief or to follow his example.

Recapitulation.

The argument against compulsory vaccination in the schools may be summarized as follows: The rite of vaccination is alleged by its advocates to secure its subjects against small-pox infection. Very well. Let those, then, who have faith in the rite get poxed just as often as they choose to, and be satisfied with their own "protection." Being themselves "secure" they can have no valid reason for inflicting the loathsome rite upon the unwilling and unbelieving.

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Vaccine "Lymph" Not Defined By Statute.—"What Is It?"

I believe that all logical thinkers who are honest will agree that if a compulsory vaccination law is to be enforced, the vaccine substance to be used in the performance of the State-rite should be specifically defined by statute so that doctors who administer the rite and the people whose children are to be subjected thereto may know what is required of them. Unless it can be clearly shown exactly what vaccine "lymph" is and that pure specimens are obtainable, compulsory vaccination is totally unjustifiable even if its alleged protective powers be admitted. If we or our children must needs be poisoned by law, it is certainly our privilege and our duty to know exactly what the "legal" poison is, so that we may make sure that our children are properly poisoned. But what are we to say to the fact that in all the hundred and more years during which vaccination has been practiced, no one has ever proved himself able to tell what vaccine "lymph" is, or how long it protects?

Neither the analyst, the bacteriologist, the microscopist, nor the pathologist has ever given us any definite information as to the specific constitution of the disease products erroneously styled "pure calf-lymph." Yet this dangerous quack-nostrum which bears the stamp of legislative authority is forced into the bodies of healthy people who are unwilling to receive it.

After having very carefully investigated this subject I am firmly convinced that there is not the slightest evidence on record in substantiation of the claim that any strain of so-called "pure-calf-lymph" now in currency is pure. The words "pure" and "lymph" as applied to any vaccine substance are clearly misnomers. Furthermore there is absolutely no proof that any strain of vaccine "lymph" now in use was derived originally from the calf or the cow. I challenge all the cow-pox doctors in the world to refute this statement.

It has been scientifically demonstrated that the stuff used by vaccinators under the cover of "pure-calf-lymph" is not pure, did not originate with the calf, and is not lymph. The phrase "pure-calf-lymph" is a trinity of falsehoods calculated to deceive the uninformed.

Then there is a hopeless disagreement among the vaccinists as to which particular strain of "lymph" is the proper one or the best one to use. In his recently published work on "The Pathology of Vaccination" Montague R. Leverson, M. D., A. M., Ph. D., has pointed out 13 different sources from which so-called vaccine "lymphs" have been derived. Each of these 13 different varieties of animal poison recommended by rival manufacturers has its partizans who extol it, as the genuine, while they denounce all other strains as being "spurious," "dangerous" and "non-protective."

Jenner declared that matter from the greasy heels of horses after having passed through the system of the cow was the only "genuine life-preserving fluid." "It is horse-grease cow-pox that is of sovereign and infallible virtue," declared Jenner. The lymph of Jenner was obtained by inoculating cows with the purulent matter which exuded from the heels of horses suffering with grease (eczema pustulosum.) All other kinds of lymph, according to the dictum of the promulgator of the "tradition of the dairy maids," were utterly worthless. It is worthy of note that the kind of vaccine prescribed and used by Jenner is not used at all by present-day vaccinators. This fact shows how little reliance is to be placed upon the shifting quicksands of passing medical dogmas.

In this fundamental matter vaccination law differs radically from all other laws, in that all other laws whether commanding something, or prohibiting something, define what that something is. Vaccination law makes no such declaration, leaving every vaccinator at liberty to use any old "lymph" his fancy or caprice may happen to dictate. From the 13 varieties of so-called "lymphs" offered by the proprietors of the various disease-factories, he may select any one he pleases.

Vaccination Law of Exceptional Character.

The vaccination law has no analogy in the whole domain of legislative enactment. It is of very exceptional character.

It was the first direct and aggressive legislation upon the person of a healthy citizen in medical matters. It is the only instance in this country of the statutory enforcement of a surgical operation. (It is the only instance on record in this nation of a quack-nostrum being forcibly foisted upon the public by legislative enactment.)

This despotic law gives the parent no option as to incurring the danger and injury of the operation. In all other cases, he is allowed to decide on his own responsibility whether he will follow a particular medical prescription or not; but in this one he must accept the operation with all its perils at the dictation of an unjust and arbitrary law.

Many distinguished physicians have declared vaccination to be not only useless, but also dangerous and injurious. Where physicians differ in their opinions on a certain question parents should surely be allowed to decide for themselves which opinion they will follow. The vaccination laws violate the constitutional rights of the people in the most flagrant and unexampled manner by denying them this unquestionable privilege.

Compulsory vaccination invades the integrity of the healthy body. It attacks the very citadel of life. It commands that a wound, however slight, be inflicted upon every pupil in our public schools, and that these wounds be infected with disease-matter of undefined and unascertained composition and of unknown nature and origin.

After more than a century of vaccination there is at the present time no consensus of opinion in the medical profession as to what constitutes the proper material to be used in the administration of the Jennerian ceremony. In substantiation of this affirmation, I quote the following statement from the American Text-book of the Diseases of Children, p. 192, Article; Vaccination, by T. S. Westcott, an allopathic authority and a pro-vaccinist:

"The exact nature of the vaccinal disease is a question which has been the subject of repeated theorizing and experimentation since the time of Jenner, and even at the present date no consensus of opinion has been reached."

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Similar testimony from the writings of other noted supporters of vaccination could be quoted by the page and chapter. Think of the injustice and imposture of compelling parents to submit their healthy children to inoculation with disease-products of divers composition derived from various sources, and regarding the nature and origin of which physicians express "diametrically opposed views." The mystery which surrounds the pedigree of every strain of vaccine "lymph" is as impenetrable as the darkness of an Egyptian night.

Owing to the indefinite and diverse composition of vaccine "lymphs," the results of vaccination can only be known after they have occurred. The disease imparted by the infliction of the State-rite is sometimes vaccinal tetanus, one of the most fatal maladies which afflict the human race. The law allows the parent no option as to whether he will incur the dangers incident to this operation, nor does it promise to indemnify him, in the event of vaccinal disaster to his child. The practice of vaccination is based on a medical dogma, a class-creed. Regarding its relative value and its relative dangers, there is a wide diversity of opinion among physicians and among the vaccinists, themselves.

As to which of the numerous and diverse strains of vaccine material, now in currency, is the proper one to use there is also a hopeless diversity of opinion in the profession.

All sane and intelligent people agree in their verdict that it is health and not disease that the State should foster and promote. The policy of disseminating disease on the pretext of conserving health is preposterous and idiotic.

Reasonable Quarantine Laws Not Objected to.

No fair minded, intelligent person objects to proper State measures for isolation and quarantine of infected persons during the prevalence of small-pox, yellow fever or cholera.

Such measures are clearly necessary for the public safety. I fully endorse the sentiments of Stuart Close, M. D., of Brooklyn, N. Y., expressed in the following words:

"With the legitimate application of the police power of the State for the protection of the public health by wise and humane sanitary measures, I have no controversy. But when this power is prostituted to base and mercenary ends; when its minions invade the domain of private medical opinion and practice by attempting to coerce acceptance of obnoxious and pernicious medical theories; when it attempts to force upon the children of protesting parents medical practices which cause disease, physical degeneration and death, and when in doing all this it tyrannically violates constitutional rights of the people, I think it time to remonstrate."

Conclusions.

In view of the facts and reasons herein set forth, I feel that I am fully justified in the conclusion that compulsory vaccination is neither expedient, justifiable, possible, nor reasonable. It is inexpedient because it makes the attainment of truth about vaccination difficult and often impossible. Health officers are pledged by the terms of their official appointments not only to keep their mouths shut against any expression of misgivings about vaccination, but also to keep their minds closed against free inquiry. Health officers are paid advocates of vaccination which they are pledged to defend and uphold. They are place-hunters whose interests are inseparably bound up in the Jennerian rite. They hold their official positions as special pleaders for the medical dogma, called vaccination. No physician who is openly averse to vaccination can get an appointment on any board of health. A consequence of all this is that when a child dies of vaccinal tetanus, erysipelas, blood-poisoning or any other disease clearly attributable to the vaccine operation, the fact is either concealed or denied by the official vaccinator or by the physician who performed the fatal operation, whilst every artifice that ingenuity can devise is exercised by the partisans of Jennerism to hush up the scandal or to attribute the victim's death to some cause other than the real one.

These paid partisans of the State-rite seem willing to attribute the fatal result to anything other than vaccination. The whole ground of investigation in such cases is covered over by the bias and special pleadings of those having pecuniary interest in the State-enforced rite. It is a notorious fact that the whole official advocacy of vaccination from the time of Jenner to this day, has been characterized by evasions, mis-statements, concealments and untruths.

These are grave charges to be obliged to make against certain members of a benevolent profession, but I think it best to speak plainly upon this important subject.

The above statements concerning politico-medical men are not intended as an attack upon the medical profession as a body. For the motives and attainments of the better class of physicians, those noble, self-sacrificing, humane men and women, the writer entertains the greatest respect.

The more cultured, broad-minded and liberal members of our profession labor for the amelioration of suffering, the restoration of health, the prolongation of life and the uplifting of humanity, leaving vaccination to rise or fall by its own merits or demerits.

The vaccination laws are inexpedient because they tend to concentrate public attention upon an alleged safeguard proved to be inefficient, dangerous and sometimes deadly in its effects. By paralyzing efforts in other directions, compulsory vaccination blocks the way toward sanitary reform. Belief in this absurd medical dogma has tended to create and foster a disregard for cleanliness, the true preventive of small-pox. Instead of being instructed to observe the laws of health by attention to cleanliness of person and habitation and the avoidance of the causes of disease, people have been led to rely upon a fetich for immunity from a filth disease. Compulsory vaccination is both inexpedient and unfair for the reason that it creates a monopoly. It is an audacious attempt to establish by legal enactment a certain medical prescription, and to create class-interests identified with that prescription; and thus to erect a bar to progress and improvement. It is quite obvious that any progress in the preventive treatment of small-pox in the constitution of human nature meets with resistance from those whose emol-

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uments are vested in the established medical practice.

Compulsory vaccination is unjust because it invades personal liberty and individual rights guaranteed by the constitution of the United States.

The compulsory vaccination law imposes unjustifiable restraints upon private rights and personal liberty. Its enforcement is a meddlesome, unreasonable, unnecessary and arbitrary interference with the right of the individual to make his own choice of medical prescriptions for himself and his children.

Compulsory Vaccination Furnishes a Perilous Legislative Precedent.

Compulsory vaccination is the entering wedge for State medicine. If there be any reason or justification for compulsory vaccination, what about compulsory anti-toxine as a prophylactic and routine treatment for diphtheria? Why not compulsory anti-toxine if compulsory vaccination? Diphtheria is a disease far more common and vastly more fatal to children than is small-pox. Why then shouldn't the school board in its omniscient wisdom and arbitrary authority be empowered to decree that no child shall be admitted to, or received into, the public schools of the State unless he shall have been "immunized" by the anti-diphtheritic serum?

This measure has been proposed and recommended by the anti-toxinists and the "health"-boards of several American cities.

In the course of the last twenty years the "dear people" have been "favored" with the gospels of more than a score of medical saviors in the guise of infallible "lymphs" and "serums" for the prevention and cure of the various infectious diseases. Some of these "prophylactic" schemes are a great deal more plausible than the Jennerian doctrine, and if on evidence such as that submitted by the cow-pox hypothesists, millions of people can be forced by law to bare their arms to the "prophylactic" syringe, there is no limit to medical despotism.

The converts of Pasteur will insist upon pumping us full of anti-rabic virus. The dupes of Robert Koch will petition the legislatures for the compulsory injection of tuberculin into the people's bodies and so on ad infinitum. With such laws in operation, there would be no limit to the number of schemes for the compulsory "welfare" of the people. The hide of every law-abiding citizen would soon be scarred like the bark of a pine tree in the turpentine camps of North Carolina.

Circumcision, long practiced as a hygienic measure by the ancient Egyptians, and down to the present time insisted upon by the Jews, is believed by many medical men to be promotive of cleanliness and health. If there is any justice or reason in compulsory vaccination, there certainly is far more in compulsory circumcision. Inasmuch as the Jews are about the healthiest, and the longest lived people on the globe, why not enact a compulsory circumcision law? As such a law would require the performance of a surgical operation upon the person of every male citizen, political doctors could by persistently lobbying legislatures, make this operation compulsory. Furthermore, it could be made a lucrative source of medical and surgical revenue, for the personal benefit of these politico-medical officials. This scheme has already been proposed and recommended in San Francisco, Cal. I should favor the enactment of such a law myself, provided it contained a clause requiring the official doctors by way of example, and as an earnest of good faith, to be themselves the first to submit to the surgeon's knife. Wouldn't our medical gentry who uphold compulsory vaccination pronounce such a circumcision law a menace to personal liberty? With such laws on the statute books, there would be no apparent limit to the projects of "philanthropic" doctors and meddlesome politicians for the compulsory welfare of the "dear people."

Compulsory vaccination of school pupils is unjust, because to meet a danger usually remote by an alleged defense, at best uncertain and at times fatal, over-rides parental responsibility and disregards the most sacred of parental rights. If vaccination were an infallible defense against small-pox infection, it would even in that case be detestable tyranny for the State to step in and insist that the child shall incur the risk of vaccinal tetanus, erysipelas and other dangerous and fatal maladies incident to vaccination rather than take the very remote chance of catching small-pox.

The parent being the rightful and natural guardian of his child has the unquestionable right to choose for him between the certainty of being poisoned with vaccine virus, and the remote possibility of being poisoned with small-pox virus.

State medicine is as odious and intolerable as State religion. The State has no more rightful authority to go into partnership with the medicine man than it has to form a business-firm with the voodoo priest. Medical beliefs and religious beliefs are necessarily and inherently matters of personal and private judgment. In the exercise of that judgment the individual should remain free. It is the individual's indisputable privilege to make choice of medical treatment for himself and his children. If a man does not believe in vaccination and prefers to take his chances of contracting small-pox without such "protection" or "immunity" as vaccination is alleged to afford, he has an undeniable right to do so.

I cannot conceive of any good or sufficient reason for withdrawing this particular medical prescription from the personal option which attaches to all other medical prescriptions and surgical operations.

Medical authority and advice are not likely to gain in confidence or respect by invoking the adventitious aid of the law. No medical prescription which rests on a basis of merit and truth needs the aid of coercive legislation to sustain it. A desire or request for such legislation is a manifestation of the weakness and injustice of those behind it, and proves their utter lack of faith in the alleged efficacy of their pretended prophylactic. Intelligent people have rightfully far more respect for doctors and their prescriptions when they rely upon merit instead of authority for patronage. Who could confide in the professions of a philanthropist who would threaten the objects of his benefactions with penalties, in case they refused to accept his proffered boon?

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Or, who could receive with confidence or respect

the doctor who, armed with "lymphs" and lancet, should thunder at one's door threatening to assault the inmates in case they refuse to accept his services?

Every medical prescription should be left to justify itself by its own inherent efficacy. Of all medical prescriptions, the last which shoud seek extraneous assistance is vaccination, because its repute is based on the allegation that its subjects are through its protective efficacy secure from small-pox and by virtue of that "security" may abide indifferent to those who choose to neglect its "salvation." Even nurses and orderlies in small-pox hospitals when efficiently vaccinated and re-vaccinated live, it is alleged, unaffected in the variolus atmosphere. Therefore, to contend that "an unvaccinated person is a menace to the public health" implicitly denies the prophylaxy asserted for vaccination.

If vaccination be, indeed, a blessing which must needs be showered upon all the people, would it not be more prudent on the part of a wise government and a free people to trust to the dissemination of information than attempt to make unwilling converts to a medical creed through the machinery of the law? The State should leave vaccination to stand or fall by its own merits or demerits. Experience has proved again and again that people are far more likely to do the proper thing if the doing is optional than if it is compulsory.

If compulsory vaccination is to be inflicted upon the public through legislative enactment the State ought to be prepared to give a guaranty, first that the vaccine operation shall effect that which it professes to effect, namely, security against small-pox infection; and secondly, that it shall produce no injurious effects. But the State is unable to give any such guaranty. I, therefore, ask what right has the State to enforce this dangerous operation? If vaccination must be compulsory, it ought at least to be safe, but it is not safe, and for that reason, if there were no other reason, the rite should not be enforced by law.

The compulsory infliction of the Jennerian rite upon the American people is not possible because there exists a sufficient amount of intelligent opposition to it to give recalcitrants and non-conformists the credit of martyrdom. The Anglo-Saxon race has always proved itself refractory soil in which to plant authoritative dogmas, whether they be medical or ecclesiastical. When legislative encroachments upon their rights have been attempted at the instigation of a privileged class, the spirit of liberty was sure to flame up in emphatic protest and resistance. It is not in human nature to submit to a manifest imposture even when it bears the seal of legislative authority.

Compulsory Vaccination Law a Dead Letter.

The cow-pox ring, the enemy of human health and liberty, has extended its ramifications throughout our nation.

In nearly all, if not in all, the States of our Union compulsory vaccination laws have been enacted, but in the majority of the States the law is a dead letter on account of the wide-spread hatred of the loathsome rite and the extreme difficulty of enforcing it upon the intelligent classes. The masses of thinking people are strongly opposed to it, and this opposition is becoming a power which must ere long be reckoned with by the authorities. A law which does not conform to the fundamental principles of free government and natural justice is sure to prove ineffectual and become a dead letter.

It has been frequently pointed out that "Every injustice in seeking to perpetuate itself commits felo de se." The surest way of destroying faith in the Jennerian dogma was the resort to compulsion. The attempt to enforce this ruinous rite upon those who were skeptical as to its alleged prophylaxy has aroused fierce opposition in every country in which it has been tried. This opposition having justice, reason and truth on its side has conquered in England, in Switzerland and in several States of the American Union. The medical profession will eventually be compelled to admit that vaccine inoculation is a fallacy and an evil. The present zeal and ferocity of politician doctors in attempting to enforce it by law will hasten its condemnation and abolition. Such was the outcome in Great Britain, where the practice originated. For nearly half a century vaccination had been rigidly enforced by law in England, but the thousands outside of the medical profession, and many inside who knew that it did not prevent small-pox, and that it rendered the bodies of persons vaccinated impure and diseased, made such earnest and determined opposition to compulsion that the English Government in order to stop the agitation appointed in May, 1889, a Royal Commission of Enquiry on the subject of vaccination, composed of fifteen eminent scientific men, medical and non-medical, to make an investigation and report.

On this Commission only a single representative of the anti-vaccination movement was given a seat, while twelve, at least, of the fifteen members were avowed believers in the "efficacy" of vaccination as an antidote to small pox. This Commission terminated its labors toward the end of 1896. It held 136 sessions, examined 187 persons chosen from the world's most noted supporters and ardent opponents of vaccination. To the great astonishment of the Commission, the proofs showed conclusively that vaccination did not prevent small-pox, and that it was injurious to the public health. Acting upon the majority report of this Commission, the English Government on August 12, 1898, repealed the compulsory vaccination laws, thus practically abolishing compulsion in the birthplace of the dogma and its promulgator. Four of the Royal Commissioners went so far as to recommend the "Total Abolition of Vaccination as a State Regulation Against Small-pox."

In our own country the State of Utah leads the way in the abolition of compulsory vaccination. Here is the text of the law:

"An Act to prevent compulsory vaccination and to prevent vaccination being made a condition precedent to entering the public schools of Utah.

"Be it enacted by the Legislature of the State of Utah:

"Section 1. That hereafter it shall be unlawful for any board of health, board of education, or any other public board acting in this State under public

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regulations, or otherwise, to compel by resolution, order or proceedings of any kind the vaccination of any child, or person of any age; or of making vaccination a condition precedent to the attendance at any public or private school in the State of Utah, either as pupil or teacher.

"Section 2. This act shall take effect upon approval."

Where is the rational and fair-minded man who objects to such a law as this? Under its provisions, no citizen's rights are infringed.

An act similar to the Utah law should be placed upon the statute books of every State in our Union.

Should the Vaccination Law Be Respected or Obeyed?

The following remark, in effect, is frequently made: "I do not believe in compulsory-vaccination, and hope to see the law repealed, but so long as the law is on the statute books, every one should obey it."

I am not one of those who advocate the observance of every law, simply because it is a law. I am not a believer in legislative omnipotence or infallibility. To my mind a bad practice is none the less despicable for its being legalized. It is my unalterable conviction that no man should obey a law which entails disease upon himself or his family.

The Right of Resistance to Oppression.

The compulsory vaccination law is not legitimate legislation. It is usurpation. It is an outrage for resistance by the people. A law which wrongs the individual is a bad law, is unworthy of respect, and should be set at defiance until it can be repealed.

The right to resist injustice and tyranny is inherent, and the exercise of that right in no way depends upon the nature of the authority wielded by the oppressor. While every freeman has a right to choose for himself what appears to him to be the lesser of two evils, "no man, nor any assemblage of men, no matter by what name called, nor with what powers vested, has the right to violate by force the physical integrity of another human being."

This proposition is self-evident. Now, vaccination imparts disease and endangers, at least to some degree, the life of every person vaccinated, and every citizen has, therefore, the right to defend his person and that of his child against the attack of the vaccinator, just as he has against the hand of the assassin. The official vaccinator should be dealt with as an assassin of the public health. In my own case I shoud feel justified in resisting an assault of his empoisoned lancet even unto death.

Once there was another law in this country—a law which made "chattels" of human beings. The North as well as the South was at one time engaged in this infamous traffic of human slavery, with all its unspeakable and sickening horrors. New York, New Jersey, Pennsylvania and New England all had laws sanctioning and legalizing this inhuman traffic in human flesh. The State was in partnership with the auction-block from which human beings were sold like cattle and hogs to the highest bidder at public auction. By law children were sold from the arms of weeping mothers, wives from their husbands. And all this was done under the folds of the American flag, which is supposed to be the emblem of liberty. These crimes were legalized in a republican form of government which was founded on the sublime declaration that all men are born equal.

To me all this seems like a horrible night-mare, a hellish impossibility, and yet with cheeks burning with shame before the bar of history we are forced to plead guilty to this terrible charge. Within my own recollection the "fugitive slave-law" was the law of this land, both North and South, and this law was compulsory. It was pronounced constitutional by the rulings of Supreme Court justices, just as has the compulsory vaccination law of this State. The judges find it expedient to stand by the political bosses, who are their creators.

Northern men were compelled by the "fugitive slave law, to hunt, seize, hold, and return into servitude the fugitive slave who was fleeing from bondage for the freedom of Canada, and for protection under the British flag. Law-abiding citizens were bound by this infamous statute to stand between a human being and his liberty, actually compelled to hand back that human being to the lash and chain.

Men like John Brown, Wendell Phillips, William Lloyd Garrison, Horace Greeley and a host of others did not believe in this law, and lost no opportunity for violating it. The "merits" of this law I shall not here discuss. I merely cite it as a case of "violating the law." The law which made "witchcraft" a crime punishable by death was honored more in the breach than in the observance thereof. Had I lived in Connecticut during the reign of the notorious "Blue Laws," I should no doubt have considered it my duty and my privilege to evade and resist those liberty-denying, constitution-defying statutes.

Sufferers from the evils of compulsory vaccination are coolly told that while they are free to use every appropriate means to get the law repealed, they ought to obey it while it stands on the statute books. The objection to this advice is two-fold. First, so long as the law is obeyed, nobody will move to get it altered or repealed. Second, it is a matter of experience with those who observe and think for themselves that after a theory or practice has become entrenched behind vested interests it is extremely difficult, if not impossible, to dislodge it, hence the difficulty in effecting the repeal of the compulsory vaccination laws. The frequent infliction of the vaccine operation upon the pupils in our public schools is a fertile source of revenue to the vaccination-ring which upholds the compulsory law. Those who are accustomed to derive revenue from this criminal practice are clamorous for its continued enforcement because they feel that it could not maintain itself if left to stand on the evidence of its alleged efficacy.

The trade in vaccination and in the sale of "lymph" is established, endorsed and enforced by law. Any one who attempts to overthrow this law is sure to encounter the antagonism, hostility and abuse of the men having vested interests in the propagation of disease and at whose instigation and for whose special benefit and advantage the disease-bearing rite was made compulsory by the State.

The question, "why not obey the law, and agitate

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for repeal," is designed for stultification. Suppose the patriots of the American Revolution had obeyed the law which imposed upon the American colonists exorbitant and unjust taxation, when would American Independence have been achieved?

The compulsory vaccination law is a venal scheme, a medical monopoly, a tyranny to be overthrown. Those who profit by it will never consent to its surrender, whatever the evidence of its inutility and mischief. It would be contrary to experience to expect otherwise. It would be as unreasonable to expect slave-holders to denounce slavery, or protected manufacturers to advocate free trade, as to expect those whose professional prestige and incomes are involved in the vaccine practice, to tell the truth about their craft. Vaccination publicly endowed and privately lucrative is defended with unanimity by those who derive revenue from the rite. So long as human nature is constituted as it is, it would be contrary to experience to expect otherwise. There is, therefore, but one way to shake off this blighting incubus, and that way is outright resistance. Already such resistance has proved successful in England, the home of Jenner and "the milk maids' tradition," and similar resistance in certain parts of this country has been rewarded with similar results.

Every legislative scheme, no matter on what pretext justified, no matter how fair it may appear in other respects, which has for its basis any violation of the constitutional rights and liberties of the individual is unjust and oppressive and should be defied and resisted by the people whom it wrongs. A man's body, so far as his health is concerned, belongs only to himself, and not to the State. The State cannot, therefore, rightfully touch his body so long as he does not infringe upon the rights of others. Personal rights are sacred, and no personal right is more sacred than the right to guard and defend one's own body and that of his child from all injury. So sacred is this right of personal defense that statute law upholds it even to the limit of taking human life.

The vaccination acts stand alone in modern legislation as a gross and intolerable interference with the liberty of the individual and the sanctity of the home. Of all the villainous legislative enactments which have oppressed and cursed the human race there has probably been none more pernicious and far reaching in its evil effects than that which assumes the arrogant authority to forcibly incorporate into the healthy human body the conjoint disease-products of men and beasts. Compulsory vaccination is undoubtedly one of the most infamous pieces of State-quackery which has ever been exploited among a civilized people in any period of the world's history. When the scheming law-makers of the Empire State formed a mercenary alliance with the cow-pox ring and made vaccination obligatory upon defenseless school-children they lent themselves to a cowardly, fraudulent, and venal scheme of State quackery whereby poor people's children have been outraged and systematically robbed of life, liberty and health in order to put shekels into the pockets of a gang of politico-medical bullies and mercenary "lymph"-manufacturers. It is amazing that legislatures could be induced by self-interested medical factions to pass laws which aim to deprive a man of the right to manage his own household, to choose his physician, and to care for the health of his own family. Under such domiciliary thralldom, to talk about American liberty is hollow mockery. Such "liberty" is a sham and a pretense.

In making these statements, it is not my purpose to charge all upholders of the Jennerian rite with the deliberate and wilful purpose of propagating foul diseases simply for the revenue they derive therefrom; neither do I charge that all vaccinists defend this practice knowing it to be injurious and useless, on account of the lucre attached thereto, but I do charge that it is in accordance with my experience with human nature that gain exercises a constraining influence over conscience, judgment, and conduct; and that no corporate body, whatever the virtue of individuals included in it, ever surrendered emolument, however reprehensible, unless through external compulsion. This is not philosophic, it is not scientific, it is not just, but it is very human. We may, therefore, take it for granted that the practice of vaccine inoculation will have to be dis-established and dis-endowed in the teeth of those who are making money by the statutory enforcement of this criminal practice.

To the sober and thoughtful consideration of the thousands of physicians who read the pages of the Medical Century I submit the foregoing facts and conclusions on one of the most momentous questions of the day, with the hope that they may lead inquirers to a more extended investigation of this subject, and to a greater consideration for those who oppose and resist the compulsory inoculation of disease-products into the healthy human body. I feel confident that if my professional colleagues could be induced to study the subject of vaccination as I have done, unprejudiced by early education, unbiased by the fanatical clamor of a few, or the specious logic of those having pecuniary interests in the spread of the Jennerian dogma, that they would demand the repeal of every compulsory vaccination law with overwhelming unanimity.

Surgery.

ACCIDENTS DURING ANAESTHESIA AND THEIR MANAGEMENT.

BY T. E. COSTAIN, M. D., CHICAGO.

If we could understand just what produces narcosis and in just what way, we could better prepare against emergencies, by a more or less accurate measurement of the drug to be given and regulating its dose.

The theory of chemical affinity with the cells seems the most plausible, but with that explanation we are not entirely satisfied, because practically we find individuals differ so greatly that any set of rules laid down will not govern in all cases. The amount of anæsthesia to be given each case must be measured according to the strength of each patient

and his susceptibility to the drug given. It is a good rule to gauge the susceptibility of each patient when chloroform is used before the inhaler is brought down on the face.

The question is, what are the complications and how are they to be met? First, the anæsthetist, in so far as it has been my privilege to observe, rather than the anæsthetic, has been the cause of the few deaths which have come under my observation. Personally I have been fortunate enough in a large experience, so far to avoid any. In a large number of operations practically the only danger to be feared is the anæsthetic. In view of this, it seems unfortunate that the medical curriculum gives this subject so little consideration. At the present time the subject is receiving more attention than in former years, and the student is being better taught and better drilled, which will undoubtedly mean fewer deaths. Everyone will concede that only a small per cent. of medical men make successful surgeons. For a number of years it has been my privilege to drill students individually in this work, and I am convinced that few of them would ever make successful anæsthetists. The chief characteristic which I would select for a good anæsthetist is concentration, and this seems to be the main element lacking in the great majority. Goldan, writing on the present and future of anæsthezation as a specialty, points out that in the search for a safer drug, it has long been overlooked that mortality, immediate and remote, from the old agents was really due more to the manner in which they were administered than to the anæsthetic itself. The careful anæsthetist will vary the anæsthetic and the method to meet conditions, and there should be sufficient incentive for a few in every community to give their best energies to the thoughtful study of the perfection of anæsthesia. Until that time comes, the present, many times haphazard method, will prevail. On the other hand, the danger from the anæsthetist can be and should be entirely eliminated.

The zone between the point of safety and danger is less in chloroform than in ether. In both, the time for watchfulness, above all others, is at the moment the patient passes into the stage of surgical anæsthesia. The critical moment is often at the first characteristic deep breath, in the slowing of the respiration, although occasionally it comes just before that point and while the patient is still in the stage of excitement. This class of cases is prone to have rigidity of the muscles, cyanosis and exhaustion. This latter class is, for the moment, the most dangerous. In other cases we have an embarrassed breathing; we often apply to this holding the breath, while this is occasionally true when the patient comes up sufficiently to make an effort to vomit, but generally the term is inaccurate because it implies voluntary action. When we observe cessation of respiration without a corresponding depression of the heart, it usually means some interference with the action of the glottis. We may have a slowing of the glottis, due to profound anæsthesia, or we may have a sticking of the glottis from insufficient effort of the muscles or it may be due to an accumulation of mucus at that point, interfering with its action. Traction on the tongue will usually relieve this embarrassment, but occasionally the finger must be passed back to the glottis, depressing the base of the tongue. Occasionally the introduction of a sponge to thoroughly clean out the mucus will be necessary before normal breathing will be resumed. Should the lungs become filled with mucus as they occasionally do, ether should be withdrawn at once and the patient be allowed to return to partial consciousness, in order to relieve himself partly of the accumulated mucus. In these cases chloroform should be substituted and great care used in order to prevent post-operative pulmonary complimations; asphyxiation may take place from such accumulation of mucus in the lungs so that it is essential, when mucus is abundant, to use the stethoscope to more accuratel ydiscover whether the lung is getting sufficient air. If we have at the same time a depressed heart, these measures will not be found sufficient, and stimulation and artificial respiration will have to be resorted to. If the patient fails to respond to these measures, venesection, in some cases, offers excellent results; from four to eight ounces of blood may be withdrawn.

During the normal act of swallowing the glottis closes momentarily, but during the passage of profound anæsthesia the act of swallowing is prolonged over a considerable time and no air enters or leaves the chest. Besides this cause of suspended breathing, there is another—general muscular spasm—which affects the muscles concerned in the act of respiration and brings it to a standstill. In most cases this impaired breathing, which comes on before stertor, passes off spontaneously, but if it does not do so, it can be made to disappear by removing the inhaler and rubbing the lips with a towel. The lower jaw should be pushed forward, so that the lower teeth will be in front of the upper. In the most obstinate cases, in which the jaws are clenched and the neck muscles contracted, it is necessary to separate the teeth and pass the finger to the back of the pharnyx. If with muscular rigidity the spasm of the glottis becomes profound and the clenched teeth make it difficult to open the mouth, Fenger advised that a tenaculum should be inserted into the hyoid bone and with traction forward and upward to release the spasm. We sometimes find cases either with an enlarged tongue or with a tendency to protrude it. In these cases a mouth gag and tongue depressor should be used to allow the air to pass freely over it. Unless these simple measures aer quickly adopted a dangerous or fatal asphyxia will be liable to arise.

Ether is not dangerous to cases with organic heart lesion when given by the open method and not crowded, but becomes so when the closed cone is used, with little air. The heart may become irregular and tumultuous and lose its compensation and fail to properly do its work. In these cases oxygen should be resorted to as well as the hypodermic use of adrenaline chloride, or transfusing directly into the vein. In cases of intestinal obstruction, either acute or chronic, there is always danger of the stomach contents by an effort to vomit, obstructing the passage of air by plugging the larynx, and the stomach should be washed out after being completely emptied with a syphon tube before an anæsthetic is

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given. In these cases there is always danger in giving an anæsthetic, ether being safest to use.

Da Costa and Kalteyer, after many experiments, state that etherization produces increased hemolysis and in Nature's effort to rapidly replace the destroyed corpuscles, the regenerated cells are imperfectly supplied with hæmoglobin. For this reason, they consider a low percentage of hæmoglobin a contra-indication to the administration of a general anæsthetic, especially if below forty per cent. If, however, time cannot be taken to build up the hæmoglobin, and an operation becomes imperative, chloroform and oxygen should be used as the anæsthetic. In chloroform if the heart begins to fail I have always observed sufficient warning of heart failure by the pulse, if it is carefully followed. The pulse first becomes soft and irregular, then of a limpid character and hard to find. This occurs one or two minutes before we have the color changes in the skin, and if prompt attention is given to the warning signs, by the removal of the mask and a little oxygen given the danger can be minimized, and, in most cases, completely done away with. If, however, we have heart failure, with its ashy pale skin and shallow breathing, strychnine in doses of a 30th to a 15th, cold water to the face and inhalations of ammonia should be given. Hugo Meier points out that strychnia is known to increase the irritability of the spinal cord and brain. It stimulates the vaso-motor centers and, as a result, produces an increase in the blood pressure. Chloroform, on the other hand, diminishes the irritability of the central nervous system. It also inhibits the action of the strychnia on the vaso-motor centers, consequently the patient will bear a greater dose of strychnia at this time.

The eye signs in chloroform differ in many particulars from those in ether. The lids open partly and the eyeballs are turned partly upward or downward. At such times attention should at once be given to the patient's condition, the inhaler removed and the jaw brought forward to insure a clear passage of air. Flaccid, nearly closed lids, displaying the sclera, are usually, though not invariably, indicative of an unsatisfactory condition and the quantity of chloroform given should be decreased and oxygen added, or, better still, a change should be made to ether. While children, as a rule, take chloroform well, it is sometimes difficult to obtain the anæsthetic state, because the vapor causes closure of the sensitive glottis, and a considerable time passes before enough chloroform enters the lungs, but once this stage is passed, the anæsthetic will be absorbed freely, and only a small quantity will be necessary. It is very easy, under such circumstances, to give an overdose. Hewitt states that in operating on the kidney when the solar plexus is interfered with, reflex inhibition of the heart is common. He has, under these circumstances, known syncope to be so profound as to arrest breathing. The position, too, sometimes interferes with breathing. If a sand bag is used, the pressure on the lung reduces the air space in that side, so that unusual care should be used to see that breathing is performed and that only the smallest amount of anæsthetic given. In short-necked individuals a pillow should be used, as it makes breathing easier, but most patients are better with the head low and well extended.

Dr. Kahlke suggests that in order to avoid shock in a delicate case the anæsthetic be suspended after the incision is made in celiotomy, and resumed again when closing the wound. If there are any signs of thymus enlargement in children asphyxia is often benefited by bringing the head forward. In operations of the mouth and throat a good way to prevent aspiration of blood is to place a catherer through a sponge, thus preventing any swallowing of blood.

Massage of the heart has been advocated in cases of collapse. Koenig advocates massaging from the outside, while Kean makes an incision and massages from inside the chest.

If there is much loss of blood during the operation, with a tendency to collapse, normal salt infusion should be given before completion of the operation, or an infusion of 1-200,000 of adrenaline.

ORIFICIAL SURGERY.

BY DR. S. W. STAADS, SIOUX CITY, IA.

While Prof. E. H. Pratt, of Chicago, must be considered the father of Orificial Surgery, he gives credit for the practical work along this line to old Dr. Physic and also to Emmett, of trachellorrhaphy-fame. Physics used to cut out rectal pockets and had remarkable results from the simple operation. But the Orificial Thought or Philosophy was developed by Dr. Pratt and has since been adopted in practice by hundreds, if not thousands, of the brightest minds of our profession.

Orificial Surgery has to do with the orifices of the male and female pelvis. The theory for our work is, that the proper functioning of the all-important sympathetic nervous system is often impaired by a pathological condition of the pelvic orifices. Here the many little nerve endings are often pinched and otherwise affected; they pass on the unpleasant impressions to the ganglia and to the base of the sympathetic nervous system, which thereby gets out of rhythm, and is unable to fulfill its work to perfection. The result is poor circulation, improper nutrition and metabolism, insufficient breathing, imperfect elimination. It is easily understood, that a host of classified diseases must be caused by such disturbances of the sympathetic nerve equilibrium. A little philosophy will also readily grasp the why of the success of orificial surgery, which has been a blessing to so many thousands of sufferers.

Let us consider what comes under the domain of orificial surgery. In the male patient we find a long or adherent prepuce or a paraphimosis in its beginning. A long foreskin gives undue warmth to the parts, causing congestion, sufficient to disturb the sexual health; while an adherent praeputium, or one that is too tight, pinches the sympathetic nerve endings and occasions reflex symptoms even oftener than local. Circumcision is usually indicated to overcome the difficulty. The fraenum is frequently found to be too short and should be snipped in order to prevent painful traction on the meatus dur-

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ing orgasm. The meatus urinarius is often too small, narrower than the caliber of the urethra, as evidenced if on drawing an olive-tipped sound through from within out, it is found to meet obstruction to free passage at the meatus. Such a meatus should be enlarged downwards and the urethral mucous membrane on both sides must be stitched with fine catgut to the mucous membrane of the glans, in order to prevent re-narrowing. Why should the narrow meatus be enlarged? In urinating the free flow is obstructed at the meatus and a retrograde pressure is caused, which can prove harmful to the urinary tract and may also cause reflex troubles. I saw a desperate case of insomnia cured by this simple procedure.

In women we often find the hood of the clitoris adherent, too long or too tight, corresponding to the similar condition of the prepuce in the male penis. These troubles can be easily overcome by simply slitting the hood and stitching the raw surfaces in an opposite direction. A hood that is too long should have its redundancy amputated. The female meatus may need gentle dilating, best done by inserting a closed pair of hæmostatic forceps and opening them gently. Around the meatus we may find little crypts which should be slit open, because they may create irritation and accumulation of confined secretion. A hymen may have irritable, inflamed edges which should be removed, and the base of the wound stitched over with a few catgut sutures in order to arrest capillary bleeding which is frequently found here.

The uterus has always been considered the bete noir of our suffering women, and while this organ may have suffered unjust criticism, at the same time it is responsible for a great percentage of ailments found amongst female patients. I am certain, however, that a great many diseases in women, which baffle the hard working practitioner, could easily be cured and multitudes of capital and dangerous operations be avoided would our female patients submit to thorough examinations in the beginning and necessary small orificial operations. How often have we to remove the entire womb on account of cancer, where, years ago, a little plastic operation for a lacerated cervix would have prevented such a horrible disaster?

But let us turn our investigation first to the unmarried woman and we will find many an os uteri, which is too small, with almost a pinhole opening, which must be forcibly dilated and kept so for a long time in order to overcome dysmenorrhœa from this source or other reflex trouble. It is not only the external os which is found to be in such condition; contraction, stenosis or even occlusion at the internal os is even more frequently found. Here dilating must be done very carefully with round, graduated sounds and never to extreme, for multiple minute lacerations can be inflicted upon this portion of the cervix uteri and thus may open many avenues for infection. Sufficient dilatation to allow the introduction of the curette is all that is necessary, and this degree of dilatation must be maintained either by cordine packing or by a glass plug. Wherever curettement is indicated it should be done with this end in view: The total removal of debris or the entire diseased endometrium. In all such cases the sharp curette is the only instrument which could come in question. I do not consider curettement indicated in septic puerperal metritis, not even if a dull instrument is used, as such an operation opens up thousands of avenues for entrance of septic material. Unquestionably the continual anti-septic intra-uterine douche and well selected internal medication hold the crown and can prevent hysterectomies, which indeed may be indicated in this condition.

A fruitful source of reflex troubles and a recognized causative factor of cancer uteri, is the laceration of the cervix. Emmet, I think, was the first who called attention to this lesion. But as Orificial Surgeons we do not think that the ununited lips of the lacerated cervix are of much moment. The part that has healed is the one which demands our attention. A lacerated cervix, left to itself, will heal up partly only and will do so by granulation. The cleft of the cervix is filled in by hard scar tissue, which is not elastic and does therefore act as an irritant to the fine nerve-endings which have healed in with it. The operation of trachellorrhaphy is the only proper procedure for this condition, special care being taken to dissect out the scar tissue which is sometimes found to extend far up into the body of the uterus. The uterine arteries can usually be avoided with ease, for they being laterally embedded in the areolar tissue, are not in the hard scar and can be stripped aside if necessary.

Displacements of the uterus or ovaries belong to the field of gynæcology and we therefore turn our attention next to the perineum, which we find torn and unrepaired so often. It is a pity that some obstetricians neglect the immediate repair of a lacerated perineum, which could be stitched up so easily with a few chromicised catgut sutures while the parts are still numb or the patient still anæsthetized. The results of an immediate repair are usually very satisfactory. Where the sphincter vaginæ is also torn, the severed ends must be located with a pair of hooks and then united. The fewer stitches through the skin, the less pain will be present afterwards. The old method of using a very large needle with a solid handle has been superseded by fine work with an ordinary curved needle, chromicised catgut is used instead of silver wire and our almost painless results are by far better than those obtained by the old semi-barbarous methods.

The last pelvic outlet with which orificial surgery has to do, is the rectum with its many pathological conditions. Our part of this pathology is confined to tightness of the sphincter muscles, hæmorrhoids of all three varieties, and pockets and papillæ. A tight sphincter muscle, usually the external one, does unquestionably act as a drain to nerve force, thus causing many reflex symptoms. A liberal dilatation is therefore advisable, care being taken to remove the mask from the patient's face, as the patient may inhale too much of the anæsthetic. It is also dangerous to leave the opened speculum too long in situ, for it interferes materially with breathing and might cause serious harm. Remove the speculum every few moments, especially if breathing is disturbed. Accompanying a tight sphincter

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we meet pockets frequently. Some anatomists call them crypts of Morgagni and pronounce them normal anatomy. Knowing however, that they are not found in so many healthy persons, and that their removal in the sick very often restores health, we must therefore consider them pathology. They are easily removed through a bivalve speculum; a blunt hook is inserted into them and their roofs slit, or, better, clipped off. Fæcal matter gathers in them, ferments and causes local irritation, or perhaps the beginning of rectal fistula. Papillæ act as foreign bodies, cause a continual clasping of the sphincter muscles and even expulsive efforts, analogous to papillæ or inflamed patches in the throat, which create constant desire to swallow. A sharp hook is placed in the top of a papilla and it is clipped off at its base. No bleeding will usually be encountered. Hæmorrhoids certainly are often a cause of poor health and should be removed by either the slit or the clamp method, the latter for large numbers of large size. The ligature and cautery methods are rightly condemned, for they are unsurgical and cause much unnecessary pain. The fear of bleeding is unnecessary, for the middle variety is contained within the grip of both sphincter muscles, which stops all bleeding. The external kind is seized with the external sphincter muscle, which prevents hæmorrhage. The internal variety is caught with a hook, a small curved needle threaded with chromicised catgut, is thrust through its base, well to the upper angle of the cut, which clips away the entire pile tumor. The needle is drawn through, a knot tied and the balance of the wound is stitched up like any other surgical wound. It is my custom to place a silk plug in the rectum to arrest what little oozing is left. This plug is removed as soon as the patient is placed in bed. Master hands frequently perform the so-called American operation for extensive pile invasion, or in order to obtain therefrom the systemic effect, which is tremendous; when properly performed, this operation is a perfect success. A paralytic condition of the anus, or loss of control will never follow, if the sphincter muscles are peeled back to their normal position, and not left in close proximity to each other near the anus, where they have been drawn with the mucous membrane from above.

The Sigmoid belongs to the domain of Rectology and we shall therefore not consider its pathology. But in passing I wish to say, that a lamb's wool packing, soaked in Balsam of Peru and wrapped around a thin rubber tube, about 4 inches in length, is a wonderful stimulus in cases of constipation, if placed in the sigmoid. It is removed in from 24 to 48 hours by making gentle traction on the long string which is attached into the lower end of the tube through one of its sides. If an enema is given and traction made while the water is expelled, no pain will be felt.

Orificial operations are not dangerous in themselves and are usually easy of performance. Yet, their effect is simply astounding, especially in chronic ailments. But how difficult it is to impress upon the lay mind the necessity of orificial operations for reflex troubles! It is therefore of great importance that physicians educate themselves and their patients that pathology is now always expressing local pain, but often in remote regions effects are noticed.

I think I have exhausted my subject and will close by calling the profession's attention to the thanks it owes the father of Orificial Surgery, Professor E. H. Pratt, of Chicago.

Read before the Sioux City Homœopathic Medical Society.

Dietetics.

THE INFANT'S NATURAL FOOD AND THE DUTIES OF MOTHER AND PHYSICIAN IN REFERENCE THERETO.

BY MARY A. WILLARD, M. D., DETROIT, MICH.

This subject was discussed last year at the American Institute of Homœopathy under a different title, namely, "The Rise and Fall of the Mammary Gland," and, while I give the essayist credit for good intentions, and, in the main, correct ideas, there was a spirit of levity in the title, essay and discussion that belittled the subject, minimized its importance, and hurt some of us women very much.

Some of us felt like saying, "Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground."

Some of us deprecated the half apologetic tone with which the subject was approached, as if it were too trivial to occupy the time and engage the attention when mighty subjects were pending.

To my mind the destiny of the American people depends very largely upon the "rise and fall of the mammary gland."

"Race suicide" does not depend so much upon how many children are born, as upon how many reach healthy maturity and old age.

Can there be, then, a more important subject in all medical and surgical investigation than that of securing for the child a dietary that shall cause bone and brawn, muscle and sinew, to be developed to the highest point of perfection, and, incidentally, to raise the mother's health and strength in a corresponding degree?

I wish to arouse in your minds an adequate sense of the importance of this subject, and I have no apology to make. It is a subject that may well occupy the thought of the mightiest Hercules in the medical ranks.

That it is being considered already, though in a faint-hearted, deprecating, shame-faced way, is evident from the treatment it received last summer in Chicago.

Unfortunately, I can give you scarcely more than my own impressions and opinions. Proofs of what I purpose discussing, facts collected to demonstrate my ideas, are for the most part wanting, but they can be easily obtained, only it is a delicate matter, and likely to cover the investigator with unmerited suspicion and odium.

For instance, I had in mind when I first agreed to write this paper, the purpose of going to a number of elderly ladies, the mothers of large families, and

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putting to them a series of questions; going to maternity hospitals and Florence Crittendon missions and doing the same thing.

I have not done it, partly from lack of time, and partly from a shrinking from what Mrs. Grundy would say. But it must be done if my theory is substantiated, and I will get to it yet, if some of you do not supercede me.

But I will give you my thoughts and what facts come to my mind, also the result of my reading, although literature is very meager. If I can induce you to give the matter a little more of your valuable thought my purpose will have been accomplished.

No one will deny, I think, that the natural food for the infant is the best food for him. And yet there are many people, I fear, physicians as well as mothers, who do not realize how very much better it is, both for child and mother. Better for the child to have its natural substance in the natural way, and better for the mother that her system be relieved of the natural secretion provided by the All-Wise Father for this special purpose.

In fact, I have heard both physicians and mothers assert that unless the woman's milk was perfect, both in quantity and quality, artificial food was the better. Many young mothers are taught by their physicians and women friends that it is a trifling thing to wean the child, that is, to change to artificial food.

In these days of commercialism it is no wonder that new physicians and new mothers should feel that artificial food is the proper food.

To me the mere fact that God made the woman's milk, as He made the milk of other animals, is reason enough for believing that the natural milk is preferable. But not so with some people.

If I say to a young mother, "You should not allow yourself to become angry, for it will injure your milk," she is very apt to say, "Oh, then I will give it the bottle." So, too, if she is told that she should not be overburdened with care or labor, and live a calm, quiet life, with little excitement, that she that excessive grief is harmful. The first suggestion is, "Give the baby the bottle," with never a thought that the alternative is a harmful one, that it will injure the child, injure the mother, render her less able to suckle a subsequent child, pave the way for metritis, subinvolution tumors, cancers and other maladies besides transmitting to her female offspring degenerated mammary glands with an incapacity to secrete the lacteal fluid.

Investigate the cases of these women who cannot possibly produce milk for their babes no matter how desirous they may be and if your experience is like mine you will find that their own mothers and grandmothers had to resort or did resort to artificial feeding.

The society mother puts her baby on the bottle to enable her to attend her social functions the laboring woman puts her's on the bottle to give the mother leisure to work both being equally ignorant that by doing so they are inviting frail constitutions for their children and disease for themselves.

But there are mothers and mothers who would gladly suckle their offspring if they could and sadly mourn their inability. What is to be done in their cases. First, let the physician impress it upon his own mind and upon the minds of the parents that they are up against a calamity, then set himself to ascertain the cause and remove it.

Many times it is a comparatively trifling disease of the mother, either general or local, that can be removed by the indicated remedy. Then, many times it is the result of indiscretion or imprudence, like exposing herself or her breasts to cold, or from her becoming over-wearied, or from shock, grief, fear, anxiety, etc., either of which causes might be guarded against or counteracted by the proper remedy. Instead of doing so, he too often recommends the bottle. He is always safe in doing this. It saves him trouble, and is quite likely to increase his fees, for the probabilities are that both child and mother will become permanent patients.

A case in point. A young relative of mine, by marriage, a rather delicate girl, the daughter of a rheumatic mother, when six months advanced in her first pregnancy, received by telegram the news of her mother's sudden death of heart disease. She promptly went into convulsions, as was natural, having them off and on until her child was born, and then having hæmorrhages. As would be supposed, she had no milk for her baby. Whether it could have been induced by the indicated remedy or not I do not know. There was no opportunity to try it, for she had an old school doctor attend her, who was to be congratulated for having saved her life. She recovered a fair measure of health, being very well, indeed, while carrying her second baby, which was born in a little less than seventeen months from the birth of the first child. This time she had a homœopathic physician, an easy labor, a quick recovery and a plentiful supply of milk.

The foregoing is history, now comes the application. When the baby was six weeks old she came from Ann Arbor to Detroit, bringing the two babies and two very heavy grips with no assistance but that of her twelve-year-old sister. The friends whom she was visiting had sick children, her own babies grew freful, caused by weariness, in case of the elder child, and nursing, worried and over-tired milk in that of the younger, all of this worrying and tiring the mother still more, till at the end of three days she came to me for the remainder of her visit. Her milk was failing, and she ought to have been put to bed and kept there for a week to recuperate. This was impracticable, however. I succeeded in re-establishing her flow of milk, and finally took her to the Ann Arbor car.

A very heavy thunder shower came up before we left the local car; we missed the Ann Arbor car by about thirty seconds; had to wait in the rain for the next car, which was belated. Some one gave the little mother a seat, but the girl and the older baby had to stand or fall, which the baby proceeded to do, laming himself badly. All of this, of course, worried the mother, and succeeded in utterly depriving her of her remaining milk. Now, who was to blame for all this?

First, the doctor, who should have taught those children that no other baby ought to come into that

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home for at least three years, owing to the seriousness of the first pregnancy and labor, and that continence was their only safety.

Secondly, the young husband, who had been instructed by his mother, God bless her! but who did not believe that his mother knew enough to vote, that is, to instruct him.

Thirdly, the willful young mother herself, who had been told by a neighbor that her baby was too young for her to take such a trip.

And finally, circumstances and the inhumanity of the people in the car who allowed her sister and little son to stand until they fell.

Now, what has this long story to do with the "rise and fall of the mammary gland? I beg your pardon with the "Infant's natural food and the duties of the mother and physician in reference thereto."

Everything if you can read between the lines. It has something to do with the duties of the father also, as well as to those of the mother and the physician. And that leads me to another phase of my subject, which is, the father's connenction with lactation.

The father's connection with lactation is usually ignored by all medical writers. The father can defile his body in all the multitudinous ways known to man, and no warning voice is raised by the medical fraternity. Here and there a crank, or a hen medic, will have something to say, but the great majority of the sons of Æsculapius are profoundly silent.

Men may saturate their systems with nicotine and alcohol till there is not a drop of pure blood in their bodies, and it never occurs to them nor to their medical advisers that they are the least unfit for paternity. A wife poisoned by tobacco effluvium is not likely to make a good milker.

Nor are they ever taught that they should respect the sanctity of the maternal relation during pregnancy and lactation. But until they learn this lesson from some source, the slaughter of the innocents will continue.

Societies.

THE UNION CLINICAL SOCIETY.

The Union Clinical Society met at the home of Dr. E. N. Loy, at Tippecanoe City, November 9, 1906. Dr. Hobby, of Sidney, read an interesting paper on "Fucus Vesiculosus." His experiences were limited to its use in goitre. This plant contains a large per cent. of iodine, which explains its action in scrofulous subjects. The doctor prescribes it in 5 gtts. to 15 gtts. doses, every four hours. He described two cases in whom he reduced the goitres, but an œdema developed in one, in the lower extremities, and in the other in the hands and face. He thought that it might be a coincidence, but didn't know. He called for the experiences of the members. The œdema continued in both cases after the discontinuance of the remedy.

Dr. Coffeen had prescribed Fucus for goitre in doses ranging from gtts. 5 to gtts. 20, three times a day, with almost uniform success in scrofulous patients, but had never seen œdema follow. One large goitre he had reduced three inches. Other members spoke favorably of this marine plant.

The lone "wee bairn" of the host and hostess now announced that the festive board was spread, and happy was the doctor who had anticipated it and gone without his supper. After a social half hour and a vote of thanks to the host and hostess for the hospitable manner in which we were entertained, each took off his several ways refreshed and refilled for the next day's labor.

A. W. Reddish, M. D.

MIAMI VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

The 92d semi-annual session of the Miami Valley Homœopathic Medical Society was held at the Phillips House, Dayton, Ohio, Thursday, October 25, 1906. The meeting was called to order at 11:10 A. M., and in the absence of the president and vice-president, Dr. S. R. Geiser, of Cincinnati, was elected president pro tem.

The following members were present: Drs. H. E. Beebe, Sidney, O.; W. J. Blackburn, Dayton, O.; J. H. Cook, New Carlisle, O.; H. W. Dickinson, Dayton, O.; J. Tressler Ellis, Waynesville, O.; W. Webster Ensey, Dayton, O.; J. A. Ferree, Sidney, O.; Prudence Fenneman, Hamilton, O.; E. B. Grosvenor, Richmond, Ind.; S. R. Geiser, Cincinnati, O.; H. J. Guy, Dayton, O.; C. M. Ginn, Dayton, O.; S. E. Georgi, Cincinnati, O.; R. B. House, Springfield, O.; I. J. Herr, Dayton, O.; H. H. Herman, Dayton, O.; Wm. A. M. Hadley, Springfield, O.; Elmer E. Kimmel, Dayton, O.; H. F. Littell, Dayton, O.; T. L. Laughlin, Dayton, O.; John D. Miller, Dayton, O.; George W. Miller, Dayton, O.; Frank W. Murphy, Dayton, O.; H. T. Miller, Springfield, O.; Mary E. Miner, Cincinnati, O.; James W. Overpeck, Hamilton, O.; Lincoln Phillips, Cincinnati, O.; W. E. Pryor, Camden, O.; L. R. Pryor, Eaton, O.; A. S. Rosenberger, Covington, O.; R. G. Reed, Cincinnati, O.; Thomas M. Stewart, Cincinnati, O.; J. E. Welliver, Dayton, O.; J. M. Wine, Dayton, O.; Frank Webster, Dayton, O.; Harry S. Wetzel, Dayton, O.; Howard Webster, Dayton, O.; Wm. H. Webster, Dayton, O.; Charles Zurmuhlen, Dayton, O.

Visitors: Drs. E. C. Thompson, Lebanon, O.; Hugh D. Schell, Hamilton, O.; Edward Wallace, Cincinnati, O.; M. M. Brubaker, Covington, O.

After the reading of the minutes the secretary announced the deaths of Dr. C. E. Hanner, Greenville, O., and Dr. Isaiah Dever, Clinton, N. Y. Dr. Dever was president of this society from November, 1869, to November, 1870.

The following papers were read and discussed:

Chas. Zurmuhlen, M. D., Dayton, O., "The Antidotal Action of Drugs."

W. J. Blackburn, M. D., Dayton, O., "Medical Reciprocity."

H. W. Dickinson, M. D., Dayton, O., "Only an Earache."

W. Webster Ensey, M. D., Dayton, O., "Ambrosia Artemisifolia."

Prudence Fenneman, M. D., Hamilton, O., "The Subtlety of Disease."

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J, A. Ferree, M. D., Sidney, O., "Retroversion, Its Pathology and Treatment."

Thomas M. Stewart, M. D., Cincinnati, O., "A Perplexed Specialist."

Dr. Blackburn's paper on "Medical Reciprocity" elicited the warmest discussion, the concensus of opinion being that the operation of the medical registration laws of the various States discriminated against reputable physicians, preventing them from exercising their inalienable right to move from one State to another, while at the same time not suppressing the quacks and charlatans. In the judgment of many of the speakers these laws are unconstitutional, and could be knocked out by carrying a case to the Supreme Court of the State or United States.

The discussion took shape in the following resolution which was passed: "Believing that the present legislation restricting and regulating the practice of medicine is not consistent with the best interests of reputable physicians; be it

"Resolved, That it is the sense of this medical society that all laws regarding medical registration and examination in the State of Ohio be repealed, and that the Legislative Committee of this Society be instructed to work toward this end."

The treasurer, Dr. H. W. Dickinson, reported a balance of $54.94 in the treasury.

Drs. E. C. Thompson, Lebanon, O.: Hugh D. Schell, Hamilton, O., and Dr. Craig, Urbana, O., were admitted to membership.

These officers and committees were elected and appointed:

President, S. R. Geiser, M. D., Cincinnati, O.

Vice-President, Frank W. Murphy, M. D., Dayton, O.

Treasurer, H. W. Dickinson, M. D., Dayton, O.

Secretary, W. Webster Ensey, M. D., Dayton, O.

Censors, J. E. Welliver, M. D., Dayton, O.; J. W. Overpeck, M. D., Hamilton, O.; R. B. House, M. D., Springfield, O.

Executive Committee, Charles Zurmuhlen, M. D., Dayton, O.; Frank Webster, M. D. Dayton, O.; J. M. Wine, M. D., Dayton, O.

Legislative Committee, J. W. Means, M. D., Troy, O.; M. P. Hunt, M. D., Columbus, O.; H. E. Beebe, M. D., Sidney, O.

The society adjourned to meet in Cincinnati, Ohio, on the morning of the second Tuesday in May, 1907, in connection with the Ohio State Society.

W. Webster, Ensey, M. D.,
Secretary.

AMERICAN INSTITUTE IMPRESSIONS.

The idea that familiarity with persons and with things lessens our admiration and respect is doubtless a half truth. Sometimes the ideas of a newcomer give us pleasurable as well as profitable conceptions of something that has become so familiar to us as to be uninteresting and valueless. It is something of this sort that impels me to put down a few impressions of my first American Institute meeting.

Leaving the "Hub" on the midnight train I arrived in Atlantic City in time for the first meeting and remained until the last. Young's Pier was the scene of indescribable confusion. The exhibitor was there with everything needed by the physician and did not feel abashed in the presence of so distinguished a company. A little farther out on the Pier the exhibit of the homœopathic institutions of this and other countries was to be seen.

The sessions were doubly interesting from the fact that this was the year for the assembling of the International Homœopathic Congress. To its meetings came men from Great Britain and the Continent, Australia and elsewhere. Many eminent foreign colleagues, detained at home, sent valuable reports of the status of Homœopathy in their particular countries.

The most striking figure of the Congress was that gentle and attractive person, Dr. John H. Clarke, of London. His presence as the honorary president of the Congress and participant in its sessions was something long to be remembered. In person and characteristics, the antithesis of all we commonly think of as belonging to an Englishman, his every movement was watched with interest, and his words received as so much gold. His friend and coworker, Dr. George Burford, of London, was enthusiastically received as the man who has done most to promote Homœopathy in England. There, too, was Dr. James Searson, of London, friend and brother, whose coming to this country a few years ago as the first traveling scholar of the British Homœopathic Association, did more than anything else to cement the bond that exists between the homœopathists of England and America. His words of wisdom and of wit were equally well received. Our own Dr. Bouton, of far away Australia, brought interesting tidings of the progress of Homœopathy in that great country.

Dr. McClelland made an excellent presiding officer, and showed a commendable sense of relative values when, in the midst of the business of selecting a meeting place for 1907, he insisted upon the right of way for the business of the Congress.

To mention the names of all the prominent members in attendance is not possible in the space allowed me. "Custis talked," and the things he said were all correct; the energetic treasurer, after he had located his intricate and well-proven paraphernalia, received the customary toll; the fleet-footed and everywhere present Sutherland attended to many things caluculated to make the wheels run smoothly; the orator, Walton, made us forget the cares of this world and the deceitfulness of riches for a season; that strenuous pleader for an Institute journal, Royal, of Iowa, left his impress upon the meeting; H. C. Allen, sturdy advocate of the single remedy, the single and minimum dose, was heard not only with respect but with acclaim; the local committee was untiring in its efforts to make our visit a pleasant one. As a newcomer I did not notice the absence of any of those who usually attend except in the case of my friend, George B. Peck, of Providence, who is willing to acknowledge that he is the only living homœop-

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athist in New England. [But he was there the last day.—Ed.]

The volume of reproving of Belladonna, representing the tireless labor of Dr. H. P. Bellows and his associates of the O., O. and L. Society, was presented to the Congress. It was received with deep appreciation, and on every side was heard commendation of the work of reproving the homœopathic materia medica.

It was a wonderful gathering of homœopathic physicians from everywhere. Here one saw the man who knows of the efficiency of high attenuation fraternizing with the man who as firmly believes in their impotence. Someone stands up and contends for curantur, while another is certain of the Hahnemannian curentur. Here the man who prescribes with the theory of the three miasmas in mind meets with and discusses subjects of all kinds with the man who is sure that the miasmas of Hahnemann are no longer tenable. Nowhere else in the wide world can one find men of more varied knowledge and honest differences of opinion than in the ranks of the homœopathic profession. We respect each other so much that differences of opinion upon the non-essentials of our system of medicine are disregarded. There were sly digs and jokes at the expense of one another, but the most divergent opinions were entertained without acrimony or bitterness.

A meeting such as this makes the homœopathist thoughtful. Some have lost that fresh enthusiasm which characterizes a movement fighting for existence. Homœopathy is no longer an outlaw. The voices of the ignorant and the prejudiced alone are raised against it. Homœopathy is not the struggler of former days. It has become an established fact in therapeutics. Physicians of all schools are using our remedies, many of them giving absolutely no credit to Homœopathy.

The work of Homœopathy is not done. Many of our old school friends are doing their best to destroy us by kindness, having learned by experience of past years that persecution of the truth whenever found recoils upon its agents. No matter how many of us give up our time-honored designation and become "amalgamated," Homœopathy will live on because it has in it a truth which is proof against all time.

The American Institute of Homœopathy represents the fathers of homœopathic medicine in this country, and as such appeals to every homœopathic practitioner for his support. The way has been made pleasant for us. Can we keep the legacy of the fathers, the "Old Guard" of Homœopathy? Yes, we can, and what is more, we can add to that legacy a hundred fold if we will. Truths of science which are published from time to time accord definitely with many of the theories propounded by Samuel Hahnemann in his most unscientific age. The work before us to-day is to put homœopathic medication upon a scientific basis such as may be accepted by anyone who approaches the problem with an unprejudiced mind. This is a progressive age. The world of to-day is not satisfied with the things of yesterday. Results are demanded of us. We have been demonstrating results for a hundred years.

Atlantic City was at its best, the bathing superb, the hotels excellent. It occurs to me to say, however, that an attractive watering place or other locality of the multitude is no place for the meeting of the Institute, provided that the meeting is for business rather than for pleasure. So many were the outside attractions that meetings began in many cases a half hour to an hour late. The ocean with its incessant roar all but drowned out the voices of the speakers so that the full enjoyment of the papers was impossible.

Again it was demonstrated what many must have thought of before, and that is, the desirability of adding to our curricula some systematic training in the art of public speaking. A school medical society has in it vast resources for good.

Some of the older members are authority for the statement that this meeting is to be numbered among the most enthusiastic that have been held. Many are unable to attend the meetings from too much work or other cause, and have to be content with reading the transactions. It is the vital association with colleagues from all over the world that inspires, uplifts and fits us for better work. At the Institute we obtain new ideas, our knowledge of the triumphs of similia is increased and we return to our respective fields determined to be better representatives of Homœopathy than ever before. Such an inspiration and uplift cannot be measured in values material. It is beyond computation.

Such are my impressions of my first Institute meeting. If these rambling observations shall lead anyone to value his homœopathic associations more highly than before its aim will have been accomplished.

Dana Fletcher Downing, A. B., M. D.

The Colleges.

THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

The opening exercises of the college took place Sept. 26 in the main lecture room of the college building, in the presence of an audience which quite overflowed into the adjacent hallways.

The president of the Board of Trustees, Prof. Gaius J. Jones, was present and presided. He was most warmly welcomed. It was his first appearance in college work since the sad death of his son, Prof. George W. Jones. The warm welcome accorded Prof. Jones as he arose to take his place as presiding officer testified as to the love and esteem in which he is held by all who have been in contact with him during these years of college work.

He made an address full of feeling and yet hopeful and resigned. In commenting on the college work he spoke of the fact that he has been in the profession forty-two years and that nearly all of that time he has been deep in the work of the Cleveland College.

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He introduced Hon. Harvey D. Goulder as the first speaker. Mr. Goulder is a member of the Board of Trustees, and his words were very helpful and encouraging.

Prof. James C. Wood, for the faculty, gave an address which was brimful of the most stalawrt kind of Homœopathy.

Judge Geo. B. Solders, a member of the Board of Trustees, followed with an address full of anecdote and reminiscence. He is one of the Trustees whose interest in the college has never flagged and he was a very welcome guest at the opening exercises.

Dr. H. F. Biggar followed with a few words with one of his inspiring addresses full of good advice and evidencing his deep interest in the college. In closing he said: "Now, I trust that you may have one of the most prosperous of sessions."

The Vice Dean, Prof. H. L. Frost, showed himself just the man for the place. In his quiet, dignified way he spoke of the life work to which the students were to devote themselves. He spoke of the part the college was to take in preparing them for their work and pledged for the faculty their utmost help. He called upon the alumni to interest themselves in the college work, saying that just as the "Yale spirit" is recognized all over the land, so should the good will of our alumni be made so manifest that it would be recognized everywhere.

An alumnus of the college, Dr. L. K. Maxwell, who is president of the Ohio State Society, delivered a very inspiring address. He showed that he was proud of his alma mater and was most anxious for her continued success.

The Dean of the college, Prof. Geo. H. Quay, greeted the students in a warm-hearted way which at once won their hearts. He emphasized the necessity for thorough application to study. He deprecated the superficial work which is sometimes done, saying that poor preparation was a great mistake when the vast responsibilities to be assumed were taken into consideration. He spoke of the necessity for attending every clinic and every lecture. The talk was just such a one as one would expect from the Dean.

Prof. D. H. Beckwith capped the climax of the meeting. All he did was to propose three cheers for the President of the Board of Trustees, Prof. Gaius J. Jones, and they were given with a most hearty "tiger" following.

Prof. Jones expressed his deep appreciation of the good wishes, and then declared the meeting adjourned and the college session opened for the year 1906-1907. H

Whooping Cough Cured With Pertussin.

By John Henry Clarke, M. D., London. James Epps & Co., 1906.

After a hard hit at his orthodox confreres the author presents the nosode Pertussin as a remedy in whooping cough, and gives much interesting information about the remedy, its origin and employment, but gives really no homœopathic indications for its use. It has not been proved and so seems to be recommended because it is "good for whooping cough." However, it is an interesting book, and much that may prove useful may be found in it.

Current Medical Literature.

CURRENT MEDICAL LITERATURE.

BY J. RICHEY HORNER, M. D., CLEVELAND, O.

Two papers, among those presented to the Institute, or rather the Congress, at its recent meeting, struck us very forcibly. The first was that of Dr. W. J. Hawkes, giving the results of his thirty years of practice and teaching. The interesting point was that the whole address really discussed the potency question. And what was more than interesting was the fate that a man of his undoubted scholarly attainments, wide reading and professional success, should argue so decidedly for the use of the high potencies. In his address he spoke of having been a teacher for seventeen years and of the successful use of the potencies. This, of course, means a great deal. He showed how the work was done in his clinics, and that it was clearly proven that any good results must necessarily have come from the remedies, most of which were given in the two hundredth. This is a paper which would circulate with good effect as a "tract."

And another one of the same kind, though treating the subject from a different standpoint, was that of Prof. Royal S. Copeland, who took up and considered the very broad question of dosage in relation to homœopathic remedies. Dr. Copeland took up the consideration of the extremes of the potencies, those advocated by Jenichen, Swan, Finche, Skinner and others, who used the so-called C. M., D. M. and M. M. potencies. He spoke of the necessity for having some explanation of the action of these potencies, for he acknowledged that they had records of cure to their credit. In this day of materialism, where everything is subject to the laboratory interrogation point, the mere statement that the potencies do act is not enough. The cry comes, "Prove it by scientific tests." And that's what we must do. But first, let us see what the essayist says about these potencies, and we find that he says some very interesting things. Of course, we can answer our questioner in another way—the Yankee way—and ask him to show us his scientific proof concerning radium and demonstrate the presence of the active agent. Or we might say that germs and toxines were only lately recognized and that there is a material explanation for the action of the potency, only we have not yet learned what it is. But Dr. Copeland boldly claims that the C. M., D. M. and M. M. potencies never existed and probably never will exist. This seems astounding and venturesome, but this David goes on and slays his Goliath with proof that the millionth potency of Swan equals really the 10th centesimal potency, calling to his aid the statement to that effect made by Prof. Deschere years ago. The essayist goes on to relate the results of his own experiments in the laboratory, just after he began to study the potency question. He says that his experiments have shown him that the "Skinner notation, for instance, must be divided by at least five in order to be anywhere near correct." His experiments showed, also, that while the Fincke

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potencies run a little higher, "our 30th and 200th are much higher than any of the fluxion high potencies." So it appears that those who today are claiming to use the M., D. M., C. M. and M. M. are really using "potencies below the 30th and probably most of them under the 30th decimal." And that's the point. The homœopathic school has always been ridiculed for the use of the extremely high potencies, and now it appears that there were none of these potencies used. Still we have lost hundreds of men and women from our colleges simply because they could not subscribe to the potencies advocated by their teachers. So Dr. Copeland makes an earnest plea for a new nomenclature which shall tell "the truth, the whole truth, and nothing but the truth" about the potency.

He expresses very decidedly his views that the fluxion method of preparation should be definitely abandoned.

Just think of the effect upon a "doubting Thomas," as Dr. Copeland calls him, when you explain to him that the millionth Swan is really the 10th of ordinary notation. Somewhat different proposition, isn't it?

Another point is "that the dose of medicine essential to the cure of a patient is the full amount of the remedy employed to this end." So no one potency is indicated, it is merely a certain indefinite amount of a certain drug.

He then goes into a discussion of the infinitesimal and of the fact that the old school is every day discussing that same infinitesimal and admitting its activity, and power. He discusses the cellular theory of disease, showing how intimately it is related to disease. Then he takes up the fact that every living cell has the power of independence of action, then that the cell is a miscroscopical unit of life and finally the finding by the chemist that the greatest power of the chemical is found when it is presented in such form as to break up the mass into its smallest discrete particles.

A review of his study of these four propositions would be most interesting did time and space permit.

We believe this paper and that of Dr. Hawkes should be published together as a missionary pamphlet and distributed by the thousand. They would certainly do a lot of good.

Dr. Catherine C. V. Scott, of San Francisco, has offices at her residence, No. 1386 Haight street, where she continues practice, giving special attention to diseases of women and children.

Dr. Edwin R. Beck, of Rochester, has sent us cards announcing a change of office hours. The doctor is one of the busy men of Rochester.

The Illinois Homœopathic Medical Society has issued subscription blanks for stock in its tuberculosis tent colony, which is located at Ottawa Illinois, and is to be known as the Buffalo Rock Tent Colony. The capital stock is $60,000, and shares are $100 each.

The Interstate Committee decided to urge homœopathic societies throughout the United States to advocate separate examining boards in all States where they do not exist.

Materia Medica.

CACTUS GRANDIFLORUS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

This is one of our most beautiful and tender plants and difficult of cultivation. Its common name is night-blooming cereus. Seemingly dreading light it blossoms only in the night time, opening after sundown and decaying next morning, it at once becomes an object of curiosity and delight.

It is indigenous to the island of Jamaica and probably elsewhere in the West Indies and in some parts of Mexico. It also thrives in Naples and in the milder regions of Southern Europe. The color of its flowers is white, and its odor is suave, like benzoic acid or vanilla.

Preparation.

Under the careful pharmacy of the homœopathic school it is unlikely that the confusion existing in regards to species and varieties among the other schools will be of any consequence. Substitutions for the Cactus grandiflorus that have been made by irresponsible collectors are the Opuntia Rafinesquii of the Central Southern West, and varieties of the Southwestern deserts. The Cereus Bonplandii is said to possess the qualities of the grandiflorus, but we should confine ourselves to the typical species. The homœopathic tincture is prepared from the young and tender stems and flowers of the Cactus grandiflorus according to our well known rules.

Constituents.

Cactus grandiflorus is mucilaginous and yields a sticky juice, and when the green stems are crushed in a mortar a viscid pulp is yielded, and being resinous, alcohol and not water is used in its abstraction. The inorganic constituent is Oxalate of calcium and the acid is Tartaric acid. (Keinze.)

History.

It is said that the native inhabitants of Jamaica use it for fevers, difficulty of breathing, and many other affections. In Mexico it has been employed for like purposes. The first record of its use beyond a mere mention of it by a German physician, Dr. Schule, which was passed unnoticed, comes to us with its pathogenesis, from the sunny land of Italy. The first provings were made by Dr. Rocco Rubini, of Naples, aided by his wife, and were translated for the British Journal of Homœopathy by Dr. R. E. Dudgeon in 1864. Here it was brought into conspicuousness as a heart remedy, and was exclusively employed in our school for many years. Dr. J. M. Scudder, of the eclectic school, accorded to it, in 1870, an important place in his "Specific Medication;" under his favor its reputation extended to the eclectic school, who likewise use the remedy extensively, and have assembled quite a literature on the remedy. Much was added to the knowledge of the remedy by Dr. E. M. Hale, in his "New Remedies;" Allen's Encyclopædia contains its full pathogenesis. Latterly it has been discovered by the allopathic school as a wonderful new remedy in heart affections with no hint of its homœopathic

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or eclectic genesis, and enterprising drug houses are now putting forth "Cactina" pellets as cardiac cure-alls.

General Action.

It is not to be classed as a poison, yet if given in excessive amounts it may act as an irritant, producing diarrhœa and other unpleasant symptoms. Unlike Digitalis, it is not cumulative in its action, and it does not disturb digestion; unlike Strophanthus it does not irritate the heart muscle. Cactus acts as powerfully on the heart and arteries as does Aconite. According to Rubini it destroyes congestions and represses irritations, and does not weaken the nervous system as does Aconite. He, therefore, considered it preferable to Aconite in all cases of inflammation, especially in patients with a lymphatic or nervous temperament. His views, however, have not stood the clinical test. It produces an irritation of the cardiac ganglia and seems to cause contraction, especially of the circulatory fibers, and a pericarditis thereby differing from Digitalis again, Digitalis not producing the latter affection and acting on all the fibers of the heart alike. Cactus resembles Bryonia, Avonite and Spigelia rather than Digitalis. It causes irritation, hyperæsthesia, neuralgia, spasm and palpitation. It has also a marked action on the pneumogastric nerve, which explains its use in constrictive asthma, acidity and indigestion. It seems to possess a periodicity resembling Cedron, and it has been successfully used in intermittent fever.

Grand Characteristics.

1. Sensation about the heart as if it were grasped by an iron hand.
2. Constrictive sensation as of an iron hoop in various parts of the body.
3. Pressure headache in the vertex.

Heart.

It is in heart affections that Cactus exercises its specific action. In valvular diseases of the heart, especially mitral regurgitation, where the constrictive feeling is present it has proved a valuable remedy. Also in carditis and pericarditis with dropsical swelling of the extremities.

Dr. Watson Williams, of the Royal Bristol Infirmary, has this to say of Cactus, and note well how he evades the homœopathicity of its action:

"That all varieties of palpitation and rapid heart action should be relieved by a drug like Cactus, which Myers found increased the rapidity of the pulse in a healthy dog, is easily explicable when we remember that they are the result of exhaustion, and, therefore, of over-excitability of the accelerator nerves of the heart. A small dose of Cactus exerts a tonic action on the exhausted cardiac innervation, and thus the rapid and often intermittent or irregular pulse becomes lessened in frequency and strengthened. On the other hand, an abnormally slow pulse may be quickened and strengthened by the same drug stimulating the cardiac ganglia and muscle, and, if it be pushed, may give rise to a very rapid pulse, the same drug thus having apparently opposite effects in different states." Myers considers that a special indication for its use is given during the critical periods of adynamic fevers, as it combines the elements of a heart motor stimulant.

"Cactus is indicated in impaired heart action, whether functional or structural. It will not cure organic disease, of course. But when the pulse is feeble, irregular, quick, irritable, nervous, and the patient complains of oppression of the chest, a grip as of an iron hand upon the heart, and there is fear, apprehension, mental depression, palpitation, worry, hysteria or hypochondriasis, Cactus is the remedy. In functional heart troubles, when the heart muscle is weak, or disturbed by gastric reflexes, Cactus is an excellent remedy. In organic valvular lesions, with failing compensatory enlargement and the action of the heart is irregular or intermittent; in short, when there is regurgitation due to valvular insufficiency, it will bring about a better condition of the hopelessly and permanently impaired organ. The same is true of Cactus when given to him who has the so-called "fatty degeneration" of the heart. Because of the certainty in increasing heart power Cactus is contra-indicated in mitral stenosis, which seems to be the only bar to its use in medicinal doses." (Bloyer.)

Cactus is an excellent remedy for the effects of tobacco on the heart, for the so-called "tobacco heart," for the so-called "bicycle heart," for conditions due to over-exercise. It often happens that from excessive smoking, especially inveterately of cigarettes, that there is an interference with the innervation of the heart, and we have cardiac weakness, palpitation, symptoms that seem to indicate a threatened heart failure, with pains darting here and there. There may be fluttering, difficult breathing, suffocation, fainting and great fear of danger. Here Cactus is supreme. The neuræsthenic heart of old age or the nervously exhausted man or woman are benefited by the proper administration of the drug. It is almost an absolute necessity in the treatment of "tobacco heart." Spigelia and Hyoscyamus are two other sovereign remedies when the heart is tumultuous in its action due to nervousness. The pains of angina pectoris suggest the remedy. It, too, exercises a beneficial action for palpitation due to the inordinate drinking of tea.

Special symptoms are pain extending from heart down left arm into fingers, difficult breathing. Worse at night, from least excitement, and lying on left side. In all these conditions the precordial oppression, the sensation of constriction about the heart must be present to properly indicate the remedy. It has been found beneficial in cardiac hypertrophy, but here, according to Hale, it is better given in potencies above the sixth decimal, and Dr. E. D. Morgan reports a case of cardiac dropsy cured by he 3d and 200th potencies when the tincture failed. Kalmia, Spigelia and Bryonia are prominent remedies for pain in the cardiac region, but none of these has the peculiar constriction of Cactus. It is an excellent remedy in the irregularity of the heart accompanying exophthalmic goitre.

Chest.

Cactus has been found beneficial to diaphragmitis where sharp pains are present, and especially where there is present the constrictive feeling described

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as if a band were tied about the waist marking out the attachments of the diaphragm. Here it should be compared with Ranunculus bulbosus, which has shooting pains from the hypochondria and epigastrium to the back.

There is much oppression of the chest in general, a spasmodic cough with a copious mucus expectoration, difficulty of lying in a horizontal position, attacks of suffocation and anxiety. These symptoms suggest its uses in asthma, and here it is of use when iron band constriction of the chest is present.

Head.

A pressive pain on the vertex is very characteristic of the remedy. It is relieved by pressure, there is much pulsation in the head, especially in the temples.

Sexual Organs.

Cactus is useful in some forms of impotency and sexual exhaustion, whether due to nervous exhaustion, the approach of age, to dissipation through over-indulgence or to intoxicants. Avena sativa, Nux and Saw palmetto may be suggested here.

Hæmorrhages.

Another sphere of action of Cactus is in hæmorrhages. In hæmoptysis accompanied with a convulsive cough, expectoration of large quantities of blood with less fever and restlessness than under Aconite, and with the constriction of the chest so characteristic of the remedy. Hæmorrhages from the uterus when there is constrictive spasm will also indicate the remedy. It is an excellent remedy at the climacteric in nervous women, and here Lachesis is a companion. In nervous women where menstruation is scant and ceases on lying down or is painful, try Cactus. "As a part of their symptomatic story to you will be cerebral congestion, heavy pain and weight on vertex or occiput or both, and numbness of arms and legs; cough at suprasternal notch; pain behind sternum; fear of death or of incurability; general plethora and congestion; of menstrual trouble, the flow is too early, too dark, too abundant, or ceases when lying down; there is inability to lie on left side." (Bloyer.)

Fevers.

There is a great deal of periodicity about Cactus. It is quite similar to some forms of malarial fever. Kent thinks the time of general aggravation is about 11 A. M. There is first chill, then perspiration with no intermediate fever. The attack comes on about noon. If these malarial paroxysms are accompanied with hæmorrhage or convulsions with constriction about the chest, Cactus will be well indicated.

Aggravations and Ameliorations.

Cactus symptoms are worse at night, from motion and from the least excitement. Pressure relieves the headache.

The Library.

BOOK REVIEWS.

Surgery: Its Principles and Practice.

In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon, F. R. C. S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Vol. I: Octavo of 983 pages, with text-illustrations and 17 colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Per volume: Cloth, $7.00, net; half morocco, $8.00, net.

This work is to represent the high-water mark of the art of surgery. It is to be known as Keen's Surgery, Professor Keen, of Jefferson Colelge, of Philadelphia, being the editor. Its pages are to be composed of articles by the most expert surgeons of the world; sixty-six of them contributing thereto. Thus it will be a present day representative of modern surgery, embracing the best surgical thought of the age. The publishers have spared no expense in the book making part and especially in the illustrations, which in this, the first volume, are superb in every detail. This volume deals with surgery, historically considered; surgical physiology, blood examinations, infection and immunity, inflammations and its various terminations, the process of repair, thrombosis and embolism, erysipelas, tetanus, special infections, prarsites, traumatic fevers, scurvy, rickets, surgical tuberculosis, chancroid and syphilis tumors, wounds and contusions. It is a fine volume of 983 pages and every surgeon who desires to keep abreast of the times must possess it. We not only commend the volume, but impress upon our surgeons the necessity of having this valuable and formidable addition to their library.

A Text-Book on the Practice of Gynæcology.

For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Professor of Gynæcology in the Medico-Chirurgical College of Philadelphia. Third edition, thoroughly revised. Octavo of 1,096 pages with 1,057 original line drawings. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.50, net; half morocco, $7.50, net.

Within one year after the original publication of this work a third edition was called for, which is evidence enough of its value. However, despite the short interval between the editions necessary changes and alterations have been made to bring the work to date. The method of collecting curet findings for microscopical examination has been simplified and effective. The chapter on blood in relation to surgery has been thoroughly revised. colonic lavage has been added to the chapter on constipation, and a new method of flushing the colon is described. Several additions and changes have been made in the operating technique, and the work as now presented represents the most advanced and sound teaching on the subject. The illustrations are fine, and the book making part perfect.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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DECEMBER 1, 1906.

Editorial.

OUR VOLUME XIV.

With this issue closes the fourteenth volume of the Medical Century, and as we look over the pages we cannot but believe that the year's work has been successful. The Century has for ten years had more contributors to its pages than any other homœopathic periodical. In 1905 it had 115 contributors against eighty and sixty-three, respectively, of the two journals that are its closest companions in the field. This fact alone shows its position in the school, for it gives to its subscribers this much more of homœopathic literature in quantity and the quality, coming from the best writers of the school, is beyond question. The number of our contributors for 1906 is 122, and it remains to be seen whether any other periodical approaches it or not, a comparison our readers may make for themselves.

There have always been more illustrations in the Medical Century than in any other periodical and this past year has been no exception. We have endeavored also to keep the literary part of the journal distinct from the advertising part. We believe it an unwise policy to appropriate space belonging to our readers for the purposes of our advertisers. The literary space belongs to, and is paid for by, our subscribers, and he must be a short-sighted advertiser who would demand it. Each subscriber and advertiser has his rights, and we endeavor to conserve both by giving up to the latter several pages of publisher's department each month, and by keeping our reading pages pure for the former. Our circulation does not suffer to the injury of the advertiser, and we are happy to state that our constant and steady growth endorses our policy in this respect.

We lose few subscribers by dissatisfaction; once in a while we receive orders to peremptorily discontinue the Century because we admit matter that disagrees with the digestion of some mental dyspeptic, but it is more than likely that this same matter brings new subscriptions from those whose minds are broad enough to read all sides of a question, and these are the ones who make good physicians and carry into the sick room hope and good cheer.

We do lose, however, by death a large number of subscribers each year. Our necrology list, and we realize that it is not a complete one, this year numbers about ninety. Altogether it is probable that over 100 homœopathic physicians have died during 1906. This is a very high number, and it is doubtful if their places are filled in all cases by homœopathic physicians, a thought that should take root among our practitioners, and cause them to bestir themselves to secure men and women for our colleges.

We have endeavored to present to our readers the doings of our colleges, societies, hospitals and individuals as far as the same has come to our knowledge. Our report of the Institute and Congress meeting was spoken of kindly by some of our esteemed contemporaries, one saying it was a "masterpiece of journalistic enterprise," for which our thanks are due. We would be glad to extend this feature of the Medical Century and to enlarge the same. We would like our subscribers to feel interest enough in the cause to send us any homœopathic notes that come to their notice at any time. We purpose the coming year to increase materially our list of correspondents, and thus be able to present to our readers homœopathic doings all over the world.

We have always devoted much space to our colleges; that this space has been unevenly distributed is not our fault. We regret to say that there are colleges in our school that never send us an announcement, an invitation to the commencement exercises, an alumni association report or give us the least sign during the year that they are on earth. This is not due to any animosity towards us, for our brother journalists have assured us of the same state of affairs. We have endeavored each year to get correspondents in every one of our schools to furnish us notes of college doings, but in most instances we have failed. The fault is with the officers of the colleges; an energetic dean or secretary should lose no opportunity to keep his institution before the profession, especially when the periodicals are willing to publish the same without cost. The present condition is one of desuetude that borders on the inocuous.

We wish our friends, subscribers, advertisers and readers, one and all, the compliments of the holiday season, and above all, a prosperous New Year.

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THE NEW YORK STATE HOMŒOPATHIC SITUATION.

At the recent meeting of the New York State Homœopathic Society held in Rochester, there was passed unanimously the resolution that there be no change made in the medical law of the State, which provides for three separate examining boards. This seems to us to be a wise and proper stand for the State Society to take, especially since the present law has given satisfaction to our school and to the eclestic school for fifteen years. Besides, the American Institute of Homœopathy at its recent meeting advocated that we stick to the three board plan.

There seem to be some physicians in the State, however, that believe the time has come when a single board should take the place of the three boards now in existence. Of course, the allopathic physicians are foremost in this belief, as they always have been in every State where three boards exist or have existed for the simple reason that a separate board gives recognition to other schools, and wherever three boards exist or have existed. they industriously ply the legislators with cries of cumbersomeness, class legislation, discrimination, inefficiency and uselessness. It has ever been an historical fact that the allopathic school has always opposed separate examining boards, and also that when they have succeeded in creating a single board out of three, it has worked a hardship upon the homœopathic and eclectic schools.

We regret to find among the adherents of the single board bill in this State some good and staunch Homœopaths, some who would not willingly or knowingly do the school an injury. It is evident that these believe that the single examining board is bound to come, and that we had better become a part of it on the ground that a part is better than no loaf at all.

The Medical Century has never been the friend or partisan of any examining board law of any kind. We recognize that all examining boards are useless and inefficient; that they do not accomplish their avowed purpose of driving out the quacks is evident from the advertising pages of any of our great daily publications in any of our great cities; that they do harm by keeping out of the profession of medicine worthy young men and women is also evident.

That this is desirable in the allopathic school where a lessening of their numbers is needed and where the fields are full is again evident, and for ourselves we believe that the allopathic school would willingly hunt from its ranks half of its members, provided in so doing they could so weaken and harass the homœopathic and eclectic schools sufficiently to obtain the whip-lash over them. We believe the creation of single examining boards is one of the means to this end.

Our view of the situation is as follows: First, We are heartily in accord with the sentiment of Dr. J. M. Lee, of Rochester, N. Y., who states in a circular of correspondence that he is willing to go in for the abolishment of all boards and give back to the diploma its original authority as a license to practice medicine, retain the present high standard, establish censorship of the colleges, and make this sufficient to practice anywhere in the United States.

Second, If the time is not ripe for this, to hold on fast and hard to the three board plan. It is our only safeguard. It is the only way we can control our own affairs and be entirely free of the school that seeks to dominate.

It is doubtless true that both the eclectic and homœopathic schools are satisfied with the present three board plan. Who are the dissatisfied ones? Have the eclectic or homœopathic schools, now on an equality with the allopathic school, ever been guilty of going to the legislature each year since the three board enactment went into effect to secure "legislative interference against it?" Not by a long shot. The annual legislative interference against the three board plan has ben allopathic every time. And why this dissatisfaction in the allopathic camp? We believe it is simply because other schools are prospering under the present plan which is incompatible with the ultimate design of the American Medical Association to secure control of all medical matters in the United States. We know they offer us representation—not equal by any means—on single boards, but nothing is to prevent an increasing dissatisfaction until this insignificant representation is wiped off the slate, and we believe this is the ultimate object. With the assistance of the eclectic school the scheme can be successfully opposed, and we believe it the duty of every homœopathic and eclectic physician in the State to oppose it vigorously.

Third, If we must have a single board, as some of our friends believe, if we must knuckle down and be dominated and dictated to let us fight to the last ditch for equal representation on the board of the three schools, and there seems to us no better argument for this than the fact that the board is to examine and license those who are to appear before it in the future, not those already in, and all candidates should have equal rights, no matter to what school they belong, and no matter in what numbers they apply. Any legislator can be made to see that a board with a majority of any one school would have the power to make it uncomfortable for applicants from other schools, and we can cry class legislation as loudly as the allopath. The fact that the allopathic school numbers more is no argument for unequal representation, since the board is for those who are to come, not for those already in, and all candidates are entitled to the same treatment and equity. If such a bill is to be presented let us amend it so that no one school shall have a majority on the board.

What of the osteopaths, the naturopaths, the vitapaths, etc.? We are not of those who would put a

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straw in their path except so far as to insist upon proper qualifications to exercise their profession. We believe until they become numerous enough to have a board of their own they could well be looked after by the board representing the eclectic school. This school really belongs to no school, claiming to take the best from all, and it is composed of honorable members, with whom any educated physician need not be afraid to trust his cause.

Finally, we believe again with Doctor Lee, that our societies would all do better to secure a widespread co-operation by the profession in the securing of students to swell the classes in the colleges, than to have dissension as to legislative matters, and when it comes to battling for our rights we should stand to a man for them and allow no one of the three schools to dictate to the other two.

HOMŒOPATHIC PHYSICIANS IN POLK'S DIRECTORY.

It was hoped that the new 1906 directory of physicians issued by R. L. Polk & Co., of Detroit, would be more correct than former editions, especially in reference to the number of homœopathic physicians. It seems somewhat strange that this publisher should desire to give anything but the most accurate figures obtainable, and we cannot wholly believe that the fault is with the publisher. Yet the volume as issued is about as unfair to the homœopathic school of medicine as it could well be, and any one counting the physicians of our school might be convinced that homœopathic physicians were rapidly decreasing in numbers. Here is an example. Under Illinois we find marked with an H. only 916 physicians. In going over the list, however, we find 264 physicians of our school well known to be such, graduates of our colleges, members of our societies, and even members of our college faculties marked with an R. or without any distinguishing mark whatever. This gives a total of 1,170 homœopathic physicians in Illinois, and this does not represent the total number, for many of our older Homœopaths of that State were graduates of allopathic colleges, and, of course, marked with an R. The official list of legally qualified physicians of the State of Illinois published by the State board of health in 1902 gives 2,177 homœopathic physicians registered before that board. Of course, many of these have removed from the State, having obtained their license to practice before leaving, but we do not believe the number that have thus removed amounts to 1,000. It is quite probable that there is at least 1,400 homœopathic physicians practicing in Illinois.

In Michigan the number marked H. in Polk's Directory is 459. There are 162 that are either unmarked or marked with an R. who are known to be homœopathic physicians, making a total of 621 in that State.

In Massachusetts Polk gives only 576. Counting the Homœopaths marked with an R. or unmarked in this directory there are 727.

In New York the number of Homœopaths given is 1,010. We have discovered 213 who belong to our school and no credit is given, therefore, by Polk. This increases the number in the State to 1,324, which is probably two or three hundred short of the actual number.

Thus in these four States there is a discounting of our numbers by this directory of nearly twenty per cent.

We cannot understand why this directory should have any interest in misstating our numbers. We presume the American Medical Association influence may have something to do with it since its king-pins are the ones that mouth most loudly the decadence in the numbers of the homœopathic school, and must needs have something to bolster up thir ridiculous and moss-grown assertion, a half a century old, if a day. Perhaps it would be more charitable to place the blame elsewhere. We presume that many who are set down with an R. were so recorded because all homœopathic doctors are quite as regular as allopaths, and the self-assumption of the word "Regular" by the latter is a thing not recognized by any self-respecting Homœopath.

We should have a reliable directory of the physicians of our school that is kept up to date. It would be of great aid in the organization of the school, and when the American Institute is turned over to business methods we will probably have one. Meantime if the truth as to our numbers is wanted seek it elsewhere than in Polk's Directory.

EDITORIAL BREVITIES.

Professor Von Behring Acknowledges Homœopathy.

We extract briefly the following from a recently published pamphlet by Prof. E. von Behring, of antitoxin fame:

"In spite of all scientific speculations and experiments regarding small-pox vaccination, Jenner's discovery remained a stumbling block in medicine till the biochemically thinking Pasteur, devoid of all medical class room knowledge, traced the origin of this therapeutic block to a principle which cannot be better characterized than by Hahnemann's word *homœopathic*. Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by a virus *similar* in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence exerted by a *similar* virus than by Hahnemann's word HOMŒOPATHY.

I am touching here upon a subject anathematized till very recently by medical pedantry; but, if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did

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thirteen years ago when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted, and a clinician, who is still living, remonstrated with me, saying, that such a remark ought not to be made publicly, since it was grist for the mill of Homœopathy. I remember vividly how Dubois Reymond, who, during the progress of the demonstrations, had become drowsy, suddenly sat up all attention when I replied in about these words:

"Gentlemen, if I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homœopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road."

Here is an acknowledgment of the law and the infinitesimal dose as well.

Editor's Table.

GENERAL NOTES.

In our last issue in Dr. M. O. Terry's article an error occurred in stating after the report of one of the cases that there was a laceration. It should read, "There was no laceration. The error was ours. A line was also omitted further on, but this does not materially affect the great value of the paper.

The State Board Journal shows its familiarity with homœopathic remedies by writing some of them as follows: Rhistox, Sycopodium, Pulsatilla, Barysa, and a new remedy to our school is mentioned as Carbonica. It wouldn't be a bad idea to examine the editor on homœopathic orthography, he advocates higher requirements, especially as he spells homœopathic, homœpethetic.

According to the State Board Journal it costs $822 to be permitted to practice in every State of the Union. A Massachusetts shoe drummer can sell his goods in every State in the Union. It seems to us that if legislatures appoint boards, they should provide for their maintenance without gouging it out of the candidates.

Dr. S. R. Stone, of Rhinelander, Wisconsin, has returned to his practice after spending some time among the hospitals and clinics of Chicago.

Dr. C. V. Page, of Heldon, Iowa, has our condolence in the loss of his wife, Annette B. Page, who died Oct. 27, 1906, after a lingering illness from Lympho-Sarcoma.

In union there is strength, and this applies to Homœopathy always. It is with pleasure we chronicle the marriage of Dr. John Walter Orr, of the Homœopathic Department of the University of Michigan, class of 1906, to Dr. Bertha Anne Davis, of the same department, class of 1905. Their future home is to be Flint, Michigan.

We learn with pleasure that the Governor-elect of New York is a Homœopathist. We trust this is so, for it will afford another safeguard for our interests in this State.

The faculty of the Southwestern Homœopathic College gave Dr. A. L. Monroe, of Louisville, a complimentary dinner on the eve of his departure for Florida, where he will spend the winter.

Professor Cæsar Lombroso, the eminent criminologist, of Turin, Italy, has been elected vice-president of the Homœopathic Institute of Turin. Professor Lombroso holds the chair of Psychiatry in the University of Turin.

Dr. J. P. Rand, of Worcester, Mass., is giving a course of lectures on Homœopathy at the Boston University School of Medicine. The doctor is one of our stalwarts and that the course will be instructive and valuable goes without saying.

Dr. A. B. Norton, of 16 West 45th street, New York, has returned from a trip around the world. He reports it as the trip of a lifetime with perfect weather from start to finish. He has promised us his private impressions at a future time.

The Chironian for October, the excellent student periodical of the New York Homœopathic Medical College, which reached our table on November 16, contains a reproduction with full credit of the Medical Century's report of the Congress and Institute meeting at Atlantic City. The Chironian shows discrimination, at least. But why is it that everything coming from this institution is in a Pulsatilla condition?

Dr. George H. Martin has returned to San Francisco and has opened an office in the Marson Building, 1306 Sutter street, corner of Franklin street. The doctor resides in the Hotel Majestic.

Dr. C. H. Coggswell, Jr., of Cedar Rapids, Ia., has been appointed assistant to the chair of Surgery in the Homœopathic Department of the State University of Iowa.

The Central Iowa Homœopathic Medical Association will hold its 28th annual meeting in the lecture room of the Homœopathic Hospital of the State University of Iowa, at Iowa City, on Dec. 12th, 1906.

Dr. E. G. Davis has removed his offices to 100 State street, Chicago. The doctor devotes his attention to skin and genito-urinary affections.

The Vermont Homœopathic Medical Society held its semi-annual meeting in Montpelier on November 14th. Dr. F. A. Davis, of Londonville, was president. There was a large attendance.

Dr. C. E. Fisher is the chief surgeon of the Valley View Hospital, East Radford, Va.—a copy of whose semi-annual report lies before us. Two hundred and seven surgical cases were received, of which only five resulted fatally, and three of these were moribund when admitted. The principal diseases treated were typhoid fever and pneumonia, the mortality in the latter disease being one. The hospital itself is evidently a fine one, quite up-to-date.

Dr. James C. Wood, of the Cleveland Homœopathic Medical College, has recently been issuing a number of monographs. Two of the most recent are: "Two Cases of Appendicitis Associated With Retroflexion of the Uterus and Displacement of the Ovaries—Description of the Internal 'Alexander' Operation," and "Profound Lesions Within the Pel-

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vis Resulting From Gonorrhea Giving Rise to Distressing Indigestion, Mal-nutrition, etc."

Though somewhat late, it's not too late for the Medical Century to offer its congratulations to Dr. John V. Hartman, of Lima, Ohio, upon his marriage recently to Miss Loe Codding, of that city. We wish them life-long happiness.

The sixth annual conference of the sanitary officers of the State of New York was held at the City Hall, Syracuse, N. Y., Oct. 24, 25 and 26. We are particularly interested in this meeting because it was held under the direction and presidency of our Dr. E. H. Porter, who is doing such splendid work as State Commissioner of Health of New York. He delivered the opening address and was followed by speakers who discussed such vital subjects as "Meat Inspection," "Adulteration of Foods," "Value and Importance of Modern Sanitary Methods," "Tuberculosis," "Water Purification," "Sewage Disposal" and many others. In connection with the meeting, a very instructive "tuberculosis exhibit" was held. There was a large attendance of health officers from throughout the State.

The Cleveland Medical Library Association opened its new auditorium and stock room October 17th. Dr. D. H. Beckwith, of Cleveland, is the vice president of the association. The auditorium is a beautiful room, well lighted and capable of seating five hundred or more people. The stock room, just below, is absolutely fire-proof. The library at present contains some fifteen thousand standard works.

The Pittsburg Homœopathic Hospital has offered its entire holdings to the City of Pittsburg for $700,000. A conservative estimate of the grounds, building and equipment places its value at fully $1,200,000, which would seem to show that the city would get a very decided bargain, looking at the proposition from a purely financial standpoint, while the immense advantage of having a hospital fully equipped, ready for instant operation, is to be considered.

The city would operate the hospital for emergency and accident work.

If the plan carries the authorities of the hospital will begin work on the new structure which will be so advantageously located in the eastern part of the city. Taken altogether the homœopathic profession are in a very enviable situation.

The semi-annual meeting of the Homœopathic Medical Society of Eastern Ohio was held October 17th in the main lecture room of the Cleveland Homœopathic Medical College. The society met jointly with the local body and presented a splendid program.

Dr. N. T. B. Nobles presented a paper on "The Surgical Treatment of Burns." Dr. H. F. Biggar's subject was "The Surgical Treatment of Typhoid Fever." The other papers were, "Hyperæmia as a Therapeutic Agent," by J. B. Talmage, M. D., Columbiana, O.; "Dreams, and Their Therapeutic Significance," J. P. Kirkland, M. D., and "Herpes Zoster. With Report of a Case Affecting the Eye," by R. W. Reynolds, M. D., Cleveland, Ohio.

All the papers were good, the discussions lively and interesting and the entire meeting a decided success. Dr. L. E. Siemon, is president of the Eastern Ohio Society, and W. H. Phillips, M. D., of the local society. The latter body entertained the former at luncheon at the Hotel Euclid. The attendance on the meeting was above the ordinary.

Dr. Thomas Franklin Smith, of New York, the treasurer for many years of the American Institute of Homœopathy, has issued a very interesting and readable monograph on "The Growth of Homœopathy During the Past Sixty Years, With Some Reminiscences." Probably no man is better fitted than Dr. Smith for the writing of just such an article. He is on intimately friendly terms with more homœopathic physicians than probably any other man in the profession, and to know him is to like him. We speak from personal knowledge.

Dr. Smith deals with his personal recollections of the men who made Homœopathy in the United States. He knew personally such men as John F. Gray, A. D. Wilson, A. Gerald Hull, John A. McVickar, Phineas T. Wells, Hunting Sherrill, Edward Bayard, and, of course, all those of later date, Helmuth, Lilienthal, Houghton, T. F. Allen, Egbert Guernsey, and a host of others whose memory is Homœopathy's rich legacy. Taken altogether the little booklet is more than worth the reading and Dr. Smith is to be congratulated on his effort.

It is interesting to note that Dr. Schnable, of the class of 1906, Cleveland Homœopathic Medical College, had the highest grade of the 204 applicants for license examined recently by the Ohio State Board. His general average was 95 2-9 per cent.

The Dr. C. E. Sawyer Sanatorium is issuing some very nice photograph postal cards, giving a splendid view of that famous institution. Its exhibit at the Institute meeting attracted very general notice and praise.

Maine State Homœopathic Medical Society.—At the fortieth annual session of this society, held in Bangor, the election of officers resulted as follows: President, Dr. R. J. Wasgatt, of Rockland; vice presidents, Dr. R. S. Graves, of Saco, and Dr. John T. Parmer, of Portland; secretaries, Dr. Carrie E. Newton, of Brewer, and Dr. L. A. Brown, of Portland; treasurer, Dr. W. S. Thompson, of Augusta.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The recent marriage of Dr. and Mrs. C. A. Pauly's daughter, Mariana, to Mr. Lea, was quite a society event in aristocratic Avondale.

Another of our good, young doctors, A. L. Innes, is soon to marry. Dr. Innes is assistant to the chair of Pathology in Pulte.

The Ladies' Auxiliary gave a euchre party, November 22, in the parlors of the Sterling Hotel for the benefit of Pulte Hospital.

The officers of the Auxiliary for the ensuing eyar are: President, Dr. Florence Pollock; vice president, Mrs. C. A. Pauly; treasurer, Mrs. C. N. Cooper; secretary, Mrs. S. R. Geiser.

Dr. F. R. Stansberry, one of last year's Pulte boys, has located in Hyde Park, one of Cincinnati's beautiful suburbs.

Dr. Charles Geiser has returned from Brooklyn,

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where he did service in the Cumberland Street Hospital.

Dr. McClary, a Pulte graduate of a few years ago, has come to Cincinnati to do special work, after two years spent in the N. Y. Ophthalmic. He has opened an office in the Groton Bldg. We are glad to welcome him. There is still plenty of room in Cincinnati for good, bright, young Homœopathic doctors.

The many friends of The Home of the Friendless are glad to know that this worthy institution has purchased a permanent summer home for the babies, near Glendale.

At a recent meeting of the Miami Valley Homœopathic Medical Society, our Dr. S. R. Geiser was elected president for the coming year.

We appreciate very much the editorial in the November issue concerning the duty of the professors toward our colleges. If ever there was a time when Homœopaths needed to bestir themselves in the interest of Homœopathy and homœopathic colleges, that time is now. The physicians do not as a rule realize the amount of hard work and sacrifices, necessary to run a college. This is especially true since the fearful and wonderfully made medical laws have sprung into existence. Too many men are selfish enough to graduate in Homœopathy, go out and reap the benefit of what others laboriously sowed, and not contribute anything in time or money toward building up homœopathic medical societies or colleges.

They fail to realize that the greater number of good homœopathic doctors and societies the better standing will the school have, and the better will it be for them. Give your alma maters a boost so that they can safely weather the tempest of bewildering regulations and restrictions. "Do Somedings."

At present the New York Board is endeavoring to establish reciprocity with the Ohio Board.

Every physician in Ohio should fight this move in every way possible. Instead of making the laws throughout the United States more nearly uniform, it will only add greater confusion. New York takes herself far too seriously. She seems to feel that she has been divinely instituted as the educational censor of the whole country. The cold facts of the matter are, attempts are being made to knock out other colleges, both medical and literary, for the "glory and honor" of others. If the other States will only "stand pat" for a time, New York will have to crawl off her high roost. Instead of standing still for a time so that the weaker States can catch up that the laws may be uniform throughout the country, she is trying to "make confusion worse confounded."

I wish every doctor could read the requirements New York is preparing to force down the throats of the profession. Of all the outrageous, unjust, discriminating, "hodge podge" it caps the climax. It is a mighty good thing the New York Board wasn't in existence when Jesus Christ was born, or he never would have been the Savior of the world—for, as I read it, he was only a carpenter and his education simple.

I'll wager that not one man in ten after reading these voluminous and intricate requirements will understand all the ins and outs of them. Then I'll wager some mining and oil stocks that the majority of the members of the New York board can not pass, by examination, either the preliminary or final examinations of their own board.

"Consistency thou art a jewel."

And the "dear people" go right on consuming patent medicines and paying big fees to the fakirs. The only hopeful sign for the colleges is that the profession is commencing to wake up. Some of them make up their minds to go to other States to practice, and just then their eyes open with a snap. They learn just how insignificant they are in the eyes of the board. No matter if they have practiced honorably, faithfully and sucessfully with a diploma from a chartered college, it is "Come, lay down your twenty-five and let us examine you."

Whoever it was that said, "A child's education should be begun a hundred years before he is born," must have had the New York board in mind.

We believe in laws for the regulation of colleges and students, and we believe in preliminary requirements, but we also believe in good, hard common American sense and not emotional insanity. We still believe in the country and college boys. That New York board would have plucked Abraham Lincoln in rhetoric. Yet we rather think his Gettysburg memorial address is about as good as any of them could have turned out on short notice.

Do the people of Ohio understand that the New York Board of Regents wants the power to say whether the literary colleges of Ohio and other States shall be recognized by the Ohio board? They expect to discredit all degrees, A. M., A. B. and B. S., unless the college granting them shall dance to their music and teach just as they dictate. Literary colleges of Ohio, how many of you do you think this Board of Regents will recognize medical colleges of Ohio? How many of you do you think can survive such restrictions? What can be done? Petition the Ohio board to reject the reciprocity treaty with New York. Intellectuality does not always mean common sense and success. One of the greatest Greek scholars of this country wanted to make a circular flower bed about a tree. He spent a half day tying up the branches of the tree and taking the head out of a barrel so that he could slip the barred over the tree and outline a circle.

I recall a crowd of darkey boys and a white boy (name Jones) in a village churchyard. Jones was noted for his great assumption of superiority, and this Sunday it was backed up by a new suit of clothes. His air was something superior, indeed. The darkey boys fled in much terror, yelling, "Band Jones' head! Band Jones' head! Jones' haid goin' to bust and kill everybody!"

The New York board will soon have to furnish head bands.

OBITUARY.

Dr. Bernhardt Fincke,

Brooklyn, N. Y., October 21st, æt. 85. Dr. Fincke was one of the strenuous advocates of high potency

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Homœopathy, and wrote several works on the subject of potentization. His potencies are perhaps the best known of those made by the fluxion process.

Dr. W. N. Griswalt,

San Francisco, October 4th, æt. 79. Castleton 1857.

Dr. H. R. Winchell,

Rich Hill, Mo. September 29th, æt. 70. Iowa University, Homœopathic Department, 1882.

Dr. Charlotte E. Fitzgerald,

Ann Arbor, Mich., October 4th, æt. 60. Homœopathic Department, University of Michigan, 1879

Dr. Frederick R. Hudson,

Hoosick Falls N. Y., October 25th æt. 50. Cleveland Homœopathic College, 1882.

Dr. Edward H. Anderson,

Cleveland, O., October 23d, æt. 52. Cleveland Homœopathic College, 1894.

Dr. H. S. Jones,

Oradell, N. J., October 18th, æt. 54. New York Homœopathic Medical College, 1888.

Dr. Paul F. Felsbury,

Philadelphia, October 28th. Hahnemann, Philadelphia, 1901. The doctor was killed in the Atlantic City electric car wreck.

Dr. David Janney,

Grimes, Va., October 15th æt. 79. Hahnemann College, Philadelphia, 1850.

Dr. Reuben H. Baker,

Pearl City, Ill., October 9th, æt. 42. Cleveland Homœopathic Medical College, 1890.

Dr. W. S. Mullins,

Henderson, Ky., October 4th, æt. 52. Pulte, 1876.

Dr. James W. Savage,

Bath, Me., September 8th, æt. 76. New York Homœopathic Medical College, 1861.

Dr. A. Fraser,

Ypsilanti, Mich., October 27th, æt. 62. New York Homœopathic College, 1870.

Dr. George E. Allen,

Youngstown, O., November 5th, æt. 68. Boston University School of Medicine, 1887.

Dr. O. L. Jenkins,

Plainfield, N. J., November 13th, æt. —. New York Homœopathic College, 1876.

Dr. Ira W. Disbro,

Cleveland, November 7th, æt. 53. Cleveland Homœopathic College, 1876.

Dr. D. A. Locke,

Potterville, Mich., October 27th, æt. 68. Chicago Homœopathic Medical College, 1886.

Dr. Jno. P. Ermentraut.

Brooklyn, N. Y., November 1st, æt. 68. New York Homœopathic Medical College, 1873.

Dr. Ruth E. S. Marvin.

Sioux City, Ia. November 11th, æt. 37. Hahnemann Medical College, Chicago, 1892.

BOOK REVIEWS.

A Text-Book of Obstetrics.

By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Fifth revised edition. Octavo of 915 pages, with 753 illustrations, 39 of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth $5.00, net; half morocco, $6.00, net.

This is the fifth edition of this popular work, revised with particular attention to advances in information regarding puerperal infection and gestational toxæmia. It is a work that will maintain its place as the leading text-book on the subject without any trouble whatever, as it has no rival.

Diet in Health and Disease.

By Julius Friedenwald, M. D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore, and John Ruhrah, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second revised edition. Octavo of 728 pages. Philadelphia and London: W. B. Saunders Company. 1906. Cloth, $4.00, net; half morocco, $5.00, net.

This second edition contains minor changes and additions which make it more valuable. All the important facts pertaining to diseases of children are given concisely and explicitly. The parts devoted to diet are thorough and up to the latest times.

Obstetrics for Nurses.

By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School Chicago. Second revised edition. 12mo of 510 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $2.50, net.

The second edition of this book which is intended primarily for nurses has been thoroughly revised and enlarged; several of the illustrations have been redrawn and forty new ones added. Everything a nurse need know of obstetrics is to be found in this volume.

A Treatise on Surgery.

In two volumes. By George R. Fowler, M. D., Examiner in Surgery, Board of Medical Examiners of the Regents of the University of the State of New York; Emeritus Professor of Surgery in the New York Polyclinic, etc. Two imperial octavos of 725 pages each, with 888 text illustrations and 4 colored plates, all original. Philadelphia and London: W. B. Saunders Company, 1906. Per set: Cloth, $15.00, net; half morocco, $17.00, net.

This is the first volume of Fowler's great surgical work, and it is claimed that it is the most practical work on surgery ever issued. Every operation is portrayed by fine original illustrations. The preciseness of the steps in a given operation is beautifully set forth, and certainly it seems to us as if the high water mark of surgical publications is reached in this work.

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